

TOA

TENNESSEE ORTHOPAEDIC ALLIANCE

FAX REFERRAL FORM

Cookeville Office:
315 North Washington Ave., Suite 150
Cookeville, Tennessee 38501
Phone: 931.525.6676

Fax To: 931.525.6689

General Orthopaedics

- ☐ Christian N. Anderson, M.D.
- ☐ J. Bartley McGehee III, M.D.
- ☐ Richard I. Williams, M.D.

Hand / Wrist / Elbow

- ☐ Keith C. Douglas, M.D.
- ☐ James H. Rubright, M.D.

Foot / Ankle

- ☐ W. Chase Corn, M.D.

Spine

- ☐ Robert W. Lowe III, M.D.

Sports Medicine

- ☐ Christian N. Anderson, M.D.
- ☐ J. Bartley McGehee III, M.D.
- ☐ Richard I. Williams, M.D.

Physical Medicine and Rehabilitation

- ☐ Scott M. Miller, M.D.

Shoulder

- ☐ Christian N. Anderson, M.D.
- ☐ J. Bartley McGehee III, M.D.
- ☐ James H. Rubright, M.D.

Total Joint Replacement

- ☐ Justin W. Langan, M.D.
- ☐ William E. Carpenter, M.D.

FROM:

REFERRING MD: _____ PHONE: _____

CONTACT PERSON: _____ NUMBER OF PAGES: _____

PATIENT INFORMATION

NAME: _____ DOB: _____

PHONE: _____ CELL: _____ WORK: _____

REFERRED FOR: ☐ SPINE ☐ HIP
☐ SHOULDER ☐ KNEE
☐ ELBOW ☐ FOOT / ANKLE
☐ HAND / WRIST ☐ OTHER

DIAGNOSIS: _____

PLEASE FAX PERTINENT MEDICAL RECORDS, TESTS, AND INSURANCE CARDS

FOR TOA STAFF USE

Communication with Patient _____

APPOINTMENT DATE: _____ TIME: _____

The information contained in this facsimile message is legally privileged and confidential information intended only for the use of the individual or entity named above. If the receiver of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this telecopy is strictly prohibited. If you have received this telecopy in error, please immediately notify us by telephone and return the original message to us at the 315 North Washington Ave., Suite 150, Cookeville, Tennessee 38501 - via the U.S. Postal Service.