

# TOA

TENNESSEE ORTHOPAEDIC ALLIANCE

## FAX REFERRAL FORM

### Gallatin Office

270 East Main Street, Suite 300, Gallatin, TN 37066

Phone: 615.675.2000

**Fax To: 615.278.1672**

#### Comprehensive/General Orthopaedics

☐ S. Matthew Rose, M.D.

#### Foot/Ankle

☐ Bryan W. Lapinski, M.D.

#### Spine

☐ Jason E. Smith, M.D.

#### Total Joint Replacement

☐ Paul W. Grutter, M.D.

☐ Brian E. Koch, M.D.

☐ S. Matthew Rose, M.D.

#### Shoulder

☐ Paul W. Grutter, M.D.

☐ Brian E. Koch, M.D.

☐ S. Matthew Rose, M.D.

#### Sports Medicine

☐ Paul W. Grutter, M.D.

☐ Brian E. Koch, M.D.

☐ S. Matthew Rose, M.D.

#### FROM

DATE: \_\_\_\_\_

PHONE: \_\_\_\_\_

REFERRING MD: \_\_\_\_\_

FAX: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

NUMBER OF PAGES: \_\_\_\_\_

#### PATIENT INFORMATION

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

REFERRED FOR: ☐ SHOULDER

☐ HIP

☐ ELBOW

☐ KNEE

☐ HAND / WRIST

☐ OTHER

DIAGNOSIS: \_\_\_\_\_

**PLEASE FAX PERTINENT MEDICAL RECORDS, TESTS, AND INSURANCE CARDS**

#### FOR TOA STAFF USE

Communication with Patient \_\_\_\_\_

APPOINTMENT DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

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