

TOA

TENNESSEE ORTHOPAEDIC ALLIANCE

FAX REFERRAL FORM

One City Office

8 City Blvd., Suite 300, Nashville, TN 37209

Phone: 615.329.6600

Fax this form to: 615.321.6229

Fax insurance referrals to: 615.321.6226

Foot / Ankle

- ☐ W. Chase Corn, M.D.
- ☐ Jeffrey L. Herring, M.D.
- ☐ James R. Yu, M.D.

Hand / Wrist / Elbow

- ☐ Peter M. Casey, M.D.
- ☐ Philip G. Coogan, M.D.
- ☐ Keith C. Douglas, M.D.
- ☐ James H. Rubright, M.D.
- ☐ Jane M. Siegel, M.D.
- ☐ S. Tyler Staelin, M.D.

Physical Medicine and Rehabilitation

- ☐ Christopher P. Ashley, M.D.
- ☐ Robert E. Clendenin III, M.D.
- ☐ Scott M. Miller, M.D.

Interventional Pain Management

- ☐ R. David Todd, M.D.

Shoulder

- ☐ Christian N. Anderson, M.D.
- ☐ Paul D. Crook, M.D.
- ☐ W. Blake Garside, Jr., M.D.
- ☐ R. Edward Glenn, Jr., M.D.
- ☐ Jeffrey P. Lawrence, M.D.
- ☐ J. Bartley McGehee III, M.D.
- ☐ Damon H. Petty, M.D.
- ☐ James H. Rubright, M.D.
- ☐ Stuart E. Smith, M.D.

Sports Medicine

- ☐ Christian N. Anderson, M.D.
- ☐ Paul D. Crook, M.D.
- ☐ W. Blake Garside, Jr., M.D.
- ☐ R. Edward Glenn, Jr., M.D.
- ☐ Jeffrey P. Lawrence, M.D.
- ☐ J. Bartley McGehee III, M.D.
- ☐ Damon H. Petty, M.D.

Spine

- ☐ Daniel S. Burrus, M.D.
- ☐ Robert W. Lowe III, M.D.
- ☐ Edward S. Mackey, M.D.
- ☐ Ryan D. Snowden, M.D.

General Orthopaedics

- ☐ William A. Shell, Jr., M.D.

Total Joint Replacement

- ☐ Lucas J. Burton, M.D.
- ☐ William E. Carpenter, M.D.
- ☐ Paul D. Crook, M.D.
- ☐ W. Blake Garside, Jr., M.D.
- ☐ Philip A.G. Karpos, M.D.
- ☐ William B. Kurtz II, M.D.
- ☐ Justin W. Langan, M.D.
- ☐ Jeffrey P. Lawrence, M.D.
- ☐ William A. Shell, Jr., M.D.
- ☐ Stuart E. Smith, M.D.

FROM

DATE: _____

PHONE: _____

REFERRING MD: _____

FAX: _____

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: _____

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