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**
- ❑ **SHOULDER**
- ❑ **ELBOW**
- ❑ **HAND / WRIST**
- ❑ **HIP**
- ❑ **KNEE**
- ❑ **FOOT / ANKLE**
- ❑ **OTHER**

DIAGNOSIS: _____

PLEASE FAX PERTINENT MEDICAL RECORDS, TESTS, AND INSURANCE CARDS

FOR TOA STAFF USE

Communication with Patient _____

_____

APPOINTMENT DATE: _____ TIME: _____