



TENNESSEE ORTHOPAEDIC ALLIANCE

FAX REFERRAL FORM

St. Thomas West Office:
4230 Harding Road, Suite 1000, Nashville, TN 37205
Phone: 615.383.2693

Fax this form to: 615.386.1213

Fax insurance referrals to: 615.292.9469

General Orthopaedics

☐ William A. Shell, Jr., M.D.

Foot / Ankle

☐ W. Chase Corn, M.D.

Hand / Wrist / Elbow

☐ S. Tyler Staelin, M.D.

Interventional Pain Management

☐ R. David Todd, M.D.

Physical Medicine and Rehabilitation

☐ Robert E. Clendenin III, M.D.

Shoulder

☐ Christian N. Anderson, M.D.

☐ R. Edward Glenn, Jr., M.D.

☐ J. Bartley McGehee III, M.D.

Spine

☐ Edward S. Mackey, M.D.

Sports Medicine

☐ Christian N. Anderson, M.D.

☐ R. Edward Glenn, Jr., M.D.

☐ J. Bartley McGehee III, M.D.

Total Joint Replacement

☐ Philip A.G. Karpos, M.D.

☐ William A. Shell, Jr., M.D.

☐ Justin W. Langan, M.D.

DATE: _____

FROM

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: _____

FOR TOA STAFF USE

Communication with Patient _____

APPOINTMENT DATE: _____ TIME: _____

The information contained in the 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 4230 Harding Road, Suite 1000, Nashville, TN 37205 - via the U.S. Postal Service.