



TENNESSEE ORTHOPAEDIC ALLIANCE

## FAX REFERRAL FORM

**Pleasant View Office**  
1804 Pinnacle Road, Suite A, Pleasant View, TN 37146  
Appointments: 931.552.4340

**Fax To: 931.552.0999**

**Comprehensive /  
General Orthopaedics**  
(hand, hip, foot, shoulder, knee)

- ☐ Kurtis L. Kowalski, M.D.  
☐ Lucas G. Teske, M.D.

**Foot / Ankle**

- ☐ Bryan W. Lapinski, M.D.

**Hand / Wrist / Elbow**

- ☐ Peter M. Casey, M.D.  
☐ Kurtis L. Kowalski, M.D.

**Spine**

- ☐ Daniel J. Burval, M.D.  
☐ Lauren M. Nelson, M.D.

**Sports Medicine**

- ☐ Kurtis L. Kowalski, M.D.  
☐ Lucas G. Teske, M.D.

**Total Joint Replacement**

- ☐ Kurtis L. Kowalski, M.D.  
☐ Lucas G. Teske, M.D.  
☐ Justin Moo Young, 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**  
☐ **HAND / WRIST / ELBOW** ☐ **FOOT / ANKLE**  
☐ **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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