



Better experience. Better results.

3385 Dexter Court Suite 300 Davenport, Iowa 52807 (563) 344-9292 (563) 344-9573/fax

FAX CONSULT REQUEST FORM

PLEASE COMPLETE AND FAX BACK: (563) 344-9573

Today's Date: \_\_\_\_\_

Please mark the physician that you wish to request a consultation from for your patient and complete the information below: Please forward any medical records and diagnostic testing reports with this form to ensure we have the necessary information to appropriately treat your patient.

ALL SURGEONS ARE FELLOWSHIP TRAINED:

- \_\_\_\_ Tyson Cobb, M.D. (Orthopaedic Hand Surgeon)
\_\_\_\_ Michael Dolphin, D.O. (Orthopaedic and Spine Surgeon)
\_\_\_\_ John Hoffman, M.D. (Orthopaedic and Sports Medicine Surgeon)
\_\_\_\_ Tuvi Mendel, M.D. (Orthopaedic Foot and Ankle Surgeon and Sports Medicine)
\_\_\_\_ Ryan Pokorney, D.O. (Orthopaedic and Adult Revisionist)

Patient Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Insurance: [ ] BC/BS [ ] UHC [ ] Trinity PHO [ ] Aetna [ ] GHP [ ] Medicare [ ] Multiplan
[ ] Medicaid [ ] Auto/liability [ ] Other: \_\_\_\_\_

Reason for consult: [ ] Back pain [ ] Neck Pain [ ] Knee pain [ ] Hip pain [ ] Arthritis
[ ] Wrist pain [ ] Hand Pain [ ] Other: \_\_\_\_\_

Physician requesting consultation: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person for this Referral: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Fax: \_\_\_\_\_

Scheduled to See: \_\_\_\_\_

Appointment Date and Location: \_\_\_\_\_ Time: \_\_\_\_\_

Unable to reach Patient: \_\_\_\_\_

PLEASE FORWARD ALL MEDICAL RECORDS PERTAINING TO THIS PATIENT'S CONDITION WITH THIS REFERRAL REQUEST. ALSO, INCLUDE ANY INSURANCE CARDS. THANK YOU!

We will call your patient to schedule the appointment, then fax back to you the date and time. Thank you for this referral.