



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:

- _____ Megan Crosmer, 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)
- _____ Kristyn Darmafall, M.D. (Orthopaedic and Sports Medicine Surgeon)
- _____ Robert Cagle, M.D. (Orthopaedic Joint Surgeon)

Patient Name: _____ **D.O.B.** _____ **M/F** _____

Address: _____

Phone: _____ **Alternate Phone:** _____

Insurance: BC/BS UHC Trinity PHO Aetna GHP Medicare Multiplan

Medicaid Auto/liability Other: _____

Reason for consult: Right Left 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."