



\*\*\*\* Consult / Referral Forms are now available on-line at [www.collom-carney.com](http://www.collom-carney.com) \*\*\*\*

5002 Cowhorn Creek Drive  
Texarkana, Tx. 75503  
Phone: (903) 614-3008  
Fax: (903) 614-3511 – (1)  
Fax: (903) 614-3517 – (2)

### ORTHOPEDECS

**CONSULT** (Request for advice / opinion) or  **REFERRAL** (Request for management of care)  
(Please only select one request)

#### REQUESTING PROVIDER INFORMATION

Requesting Provider Name Requesting Provider Address (street, city, state, zip)

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Requesting Provider Telephone Requesting Provider Fax Number NPI #

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#### APPOINTMENT REQUEST

#### DIAGNOSIS:

**ORTHO 1** Fax: (903)614-3511

**First Available**

**ORTHO 2** Fax: (903)614-3517

**Douglas Thompson, MD**

**John Gregory, MD**

**Thomas Young, MD**

**Howard Brown, MD**

**Patient must bring MRI/CT film or disc to appointment and radiology. • Please fax all of the following information:**

**Legible copies of insurance cards (both sides). • PCP referral if required. • Current MRI/x-ray report. •**

**Most recent pertinent progress note.**

**If all of the above information is not sent, we will not be able to schedule an appointment until it is received.**

#### PATIENT and INSURANCE INFORMATION

Patient Name (First, Middle Initial, Last)

Gender

Male

Female

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Address

City, State, Zip

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Date of Birth (mm/dd/yyyy) Social Security #

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Home Telephone

Mobile Telephone

Work Telephone

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Does patient need an interpreter?

If yes, what language?

<input type="checkbox"/> Y <input type="checkbox"/> N	
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Does the patient have medical insurance?

Name of Insurance Company and Plan Number and Group Number

<input type="checkbox"/> Y <input type="checkbox"/> N	
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Please provide consulting physician with all applicable CLINIC NOTES, HISTORY & PHYSICAL, PREVIOUS PROCEDURES, LABORATORY RESULTS, PATHOLOGY REPORTS, RADIOLOGY REPORTS, AND OPERATIVE REPORTS pertinent to the patients visit. Please fax all documentation to (903) 614-3511.

Thank you in advance for the request and your cooperation.

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