



**** Consult / Referral Forms are now available on-line at 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

ORTHO 2 Fax: (903)614-3517

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> First Available | <input type="checkbox"/> Douglas Thompson, MD | <input type="checkbox"/> Darius Mitchell, MD | <input type="checkbox"/> Jeffrey DeHaan, MD |
| <input type="checkbox"/> Thomas Young, MD | <input type="checkbox"/> John Gregory, MD | | |
| <input type="checkbox"/> Cody Ray, APR,FNP-C | <input type="checkbox"/> Hannah Patterson, PA-C | | |

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

	<input type="checkbox"/> Male <input type="checkbox"/> 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.