

REQUEST FOR CONSULTATION OR REFERRAL

Missing information may delay the processing of this request. Request Date _____

Requested Disposition (check one)

Consultation

- Physician findings will be provided

Contact Name _____

Referral

- Will evaluate and treat for specified diagnosis or condition
- Physician findings will be provided
- **What body part is referral for?** _____

Section 1: Patient Information (REQUIRED)

Name _____ Home # _____

Address _____ Work # _____

City _____ State ____ Zip _____ Cell # _____

Date of Birth _____ Gender M / F

Insurance Medicare United Healthcare BCBS Other _____

-Work Comp Injury? Yes / No -Has patient been seen for this issue by a previous orthopedic provider? Yes / No

-Previous Surgery for this issue? Yes / No If so, please explain _____

Section 2: Physician Information (REQUIRED)

Name _____ NPI _____

Address _____ Phone # _____

City _____ State ____ Zip _____ Fax # _____

Please fax consultation request form and any medical documentation as applicable to (319) 338-0522

Please complete this section if you have called our office and scheduled an appointment for consultation.

Keep a copy of this request for your patient records.

Would you like us to contact the patient to schedule the appointment?

Appointment Date _____ Appointment Time _____ AM / PM

Appointment Location _____

Appointment Scheduled with: (Please check one of the following)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Derek L. Breder, MD | <input type="checkbox"/> Daniel B. Goldish, MD | <input type="checkbox"/> Brent A. Overton, MD | <input type="checkbox"/> Quinn I. Kurtz, PA-C |
| <input type="checkbox"/> Bradly W. Bussewitz, DPM | <input type="checkbox"/> Daniel L. Jones, MD | <input type="checkbox"/> David J. Steinbronn, MD | <input type="checkbox"/> Richard E. Street, PA-C |
| <input type="checkbox"/> Cory G. Christiansen, MD | <input type="checkbox"/> John C. Langland, MD | <input type="checkbox"/> Brent W. Whited, MD | <input type="checkbox"/> Ashley C. Reed, PA-C |
| <input type="checkbox"/> Taylor D. Dennison, MD | <input type="checkbox"/> Benjamin D. MacLennan, MD | <input type="checkbox"/> Brian P.D. Wills, MD | <input type="checkbox"/> Maddison K. LeWarne, PA-C |
| <input type="checkbox"/> Frederick J. Dery, MD | <input type="checkbox"/> Peter B. Maurus, MD | <input type="checkbox"/> Daniel D. Coons, PA-C | |
| <input type="checkbox"/> Thomas P. Ebinger, MD | <input type="checkbox"/> Mark C. Mysnyk, MD | <input type="checkbox"/> Scott A. Frisbie, PA-C | |



Iowa City

2751 Northgate Dr
Iowa City, IA 52245



Burlington

2750 Mt. Pleasant Street, Suite 112
Burlington, IA 52601



Fairfield

2000 South Main Street
Fairfield, IA 52556



Muscatine

2104 Cedarwood Drive, Suite 102
Muscatine, IA 52761



Washington

400 East Polk Street
Washington, IA 52353



Williamsburg

819 S Highland St
Williamsburg, IA 52361