

## 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  BCBS  United Healthcare  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: Referring 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? Yes / No

Appointment Date \_\_\_\_\_

Appointment Time \_\_\_\_\_ AM / PM

**Desired Provider: (Please check one below)**

Appointment Location \_\_\_\_\_

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Derek L. Breder, MD<br>Hip, Knee, Shoulder                      | <input type="checkbox"/> Daniel L. Jones, MD<br>Sports Medicine                  | <input type="checkbox"/> Brent A. Overton, MD<br>Knee, Hip                           | <input type="checkbox"/> Dan D. Coons, PA-C            |
| <input type="checkbox"/> Bradley W. Bussewitz, DPM<br>Foot, Ankle                        | <input type="checkbox"/> John C. Langland, MD<br>Knee, Shoulder, Sports Medicine | <input type="checkbox"/> Austin J. Ramme, MD, PhD<br>Shoulder, Knee, Sports Medicine | <input type="checkbox"/> Scott A. Frisbie, PA-C        |
| <input type="checkbox"/> Frederick J. Dery, MD<br>Interventional Spine Care & Pain Mgmt. | <input type="checkbox"/> Evan P. Larson, MD<br>Back, Neck, Spine                 | <input type="checkbox"/> David J. Steinbronn, MD<br>Hip, Knee                        | <input type="checkbox"/> Amanda P. Galdi, NP-C         |
| <input type="checkbox"/> Thomas P. Ebinger, MD<br>Hand, Wrist, Elbow                     | <input type="checkbox"/> Ericka A. Lawler, MD<br>Hand, Wrist                     | <input type="checkbox"/> Clayton R. Walker, MD<br>Sports Medicine, Physiatry         | <input type="checkbox"/> Evan J. Heer, PA-C            |
| <input type="checkbox"/> Daniel B. Goldish, MD<br>Interventional Spine Care & Pain Mgmt. | <input type="checkbox"/> Benjamin D. MacLennan, MD<br>Back, Neck, Spine          | <input type="checkbox"/> Brent W. Whited, MD<br>Hip, Knee                            | <input type="checkbox"/> Quinn I. Kurtz, PA-C          |
| <input type="checkbox"/> Aaron R. Haubrich, DPM<br>Foot, Ankle                           | <input type="checkbox"/> Peter B. Maurus, MD<br>Foot, Ankle                      | <input type="checkbox"/> Brian P.D. Wills, MD<br>Hand, Wrist                         | <input type="checkbox"/> Ashley L. Reed, PA-C          |
|  |  |  | <input type="checkbox"/> Shad D. Schrader, PA-C        |
|  |  |  | <input type="checkbox"/> Katharine M. Staniforth, ARNP |
|  |  |  | <input type="checkbox"/> Daniel D. Troutner, PA-C      |