



Please complete the form and fax with all information needed below to (806) 322-1401

Date when referral faxed: _____ Referral Clerk: _____

Call back number: _____ Fax number: _____

Referring Physician: _____ Requested Physician: _____

Patient Name: _____

Diagnosis (No CPT, No ICD 9, No ICD 10 codes please): _____

Date of injury/onset: _____ Fractures: Open or Closed **URGENT:** YES NO

Please list any previous treatment for this condition the patient has received: _____

Studies Performed (Please include which facility studies were performed at. If not at BSA, NPTH, or HPRA, please send disc/studies with patient):

- X-Rays _____
- Ultrasound _____
- CT/CT Arthrogram _____
- Bone Scan _____
- MRI _____
- Venous Doppler _____
- EMG _____

***PLEASE INCLUDE WITH FAX: DEMOGRAPHICS, OV NOTES (PERTAINING TO INJURY), RECENT STUDIES (IE. X-RAY, MRI, CT, ETC.), CURRENT INSURANCE INFORMATION (FRONT & BACK OF CARD), SUBSCRIBER'S INFORMATION, INCLUDING POLICY HOLDER AND PATIENT DATE OF BIRTH, AND POLICY HOLDER'S SOCIAL SECURITY NUMBER ***

Below is for the use of Amarillo Bone and Joint Clinic

ABJC Physician accepting patient: _____

Date and Time of Appointment: _____

Date and Time fax returned: _____

*****PLEASE CONTACT PT WITH APPT DATE/TIME & PHYSICIAN THEY WILL BE SEEING*****

*****PT TO ARRIVE 30 MINUTES PRIOR TO APPOINTMENT TIME ABOVE*****

J Brian Sims MD, MBA
Upper Extremity &
Pediatric Orthopedic

Brad B. Veazey, MD
Sports Medicine &
Shoulder Reconstruction

TM "Toby" Risko, MD
Orthopedic Trauma &
Hip Reconstruction

Joshua North, MD
Adult Reconstruction &
Joint Preservation

Todd W. Bradshaw, MD
Sports Medicine &
Shoulder Reconstruction