AMARILLO Bone & Joint Clinic PLLC

Amarillo Bone & Joint Clinic, P.L.L.C

J. Brian Sims, M.D. • Brad Veazey, M.D.
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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, NWTH, 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

Creed Paris, MD
General Orthopedic
Surgery