



ORTHOPEDIC SPECIALISTS

Date: _____

Appointment Requested:

Immediately First Available

Phone: 817-375-5200

Appointment Type:

- Orthopedic Specialist Work Comp
- Physical/Occupational Therapy

Appointment requested as indicated below:

- Preferred AOA Physician _____
- AOA to route to appropriate physician based on patient injury

APPOINTMENT LOCATIONS

- | | |
|--|---|
| <input type="checkbox"/> Arlington
817.299.1789 (fax) | <input type="checkbox"/> Dallas
817.299.1789 (fax) |
| <input type="checkbox"/> Irving
972.215.7711 (fax) | <input type="checkbox"/> Waxahachie
972.923.9488 (fax) |
| <input type="checkbox"/> Mansfield
817.299.1772 (fax) | <input type="checkbox"/> Midlothian
817.299.1772 (fax) |

Patient Name _____ D.O.B. _____

Address _____ City, State _____ Zip _____

Patient Phone # _____ Alt. # _____

Reason for Consultation: _____

Diagnosis (ICD-10 if available): _____

Consulting Physician: _____ Office #: _____ Fax: _____

Please fax a copy of the following information along with this form:

- Patients Demographic/Insurance Information
- Updated History and Physician Report
- Diagnostic Imaging and Radiology Reports (Xray, MRI, CT Scan)
- Other Pertinent Patient Reports or Information

Special Instructions

- AOA to schedule appointment and contact patient directly
- AOA to schedule appointment and fax confirmation to: _____ Fax: _____
- Other Instructions:

FOR AOA USE ONLY

APPOINTMENT WITH DR. _____ BACKLINE PHONE # _____

PATIENT APPOINTMENT DATE _____