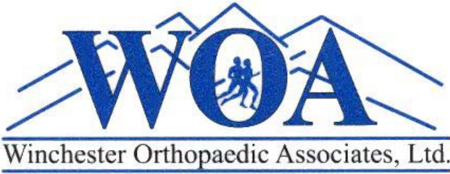

Patient Referral-Consultation Form
Confidential PHI Enclosed

Attention: Appointment Scheduling

DATE: ____________________

TO:

Dennis W. Wise, M.D., F.A.C.S. ☐
O. Winston Cameron, Jr., M.D. ☐
Thomas W. Wise, M.D. ☐
John H. Zoller, III, M.D. ☐
Stephen H. Martenson, M.D. ☐

FAX (540)667-6589
128 Medical Circle
Winchester, VA 22601
Telephone: (540) 667-8975

FROM:
Referring Physician ____________________
Address ____________________
Phone ____________________
Fax ____________________

Please schedule the patient listed below for ☐ **Consultation** ☐ **Referral**

Patient Name ____________________
Home Phone ____________ **Work/Cell Phone** ____________
DOB ____________ **Last 4 Digitis of SS** ____________

Reason for Referral or Consultation: ____________________
____
____

Current Diagnosis: ____________________
____

Previous Orthopaedic Surgery: Y / N Type: ____________________
Previous Spine Surgery: Y / N Type: ____________________
Diagnostic Testing: ____________________
Conservative TX to Date: ____________________

Signature ____________________

Insurance: Please attach copy of the patient's insurance card-face sheet(s)-office notes-results of tests

A Team Member of Winchester Orthopaedic Associates will contact the patient to make their appointment.

Confidentiality Notice:
Any documents accompanying this facsimile transmission may contain legally or medically privileged confidential information as privileged under Virginia Code 8.01-581.17.
The information contained in this facsimile message is physician client privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone, (540) 667-8975, and return the original message to us at the above address via the U. S. Postal Service. Thank you…..Winchester Orthopaedic Associates, Ltd.
Reminder: Respect patient confidentiality per Health Insurance Portability and Accountability Act