



St. Vincent's Orthopedics, PC

Private Insurance Referral Form

APPOINTMENT PRIORITY: First Available **URGENT** (acute fracture/injury, etc.)

REFERRING PROVIDER:

Clinic Name: _____

Clinic Contact: _____

Phone #: _____ Fax #: _____

PATIENT NAME:

DOB: _____ Phone #: _____ (HOME or CELL)

Alternate Phone #: _____ (HOME/CELL/WORK)

Insurance: _____

Auth. # (please include # visits/exp date): _____

DIAGNOSIS: (specific as possible please) _____

Date of Injury: _____

PLEASE CHECK THE BOXES FOR TESTS COMPLETED ON THIS PATIENT:

MRI CT US X-RAYS EMG LABS [Patient to bring in **DISC of IMAGING**]

PLEASE FAX TEST RESULTS/VALUES AND NOTES WITH THIS FORM.

PLEASE FAX THIS FORM TO 205-933-0951 & instruct patient SVO will contact them to schedule their appointment.

INDICATE REQUESTED PHYSICIAN & LOCATION BELOW:

- Dr. David Adkison [Shoulder/Knee – Birmingham only]
- Dr. Rusty Bowman [Knee/Hip and Joint Rcx – Birmingham or Fultondale]
- Dr. Jeff Cusmariu [Shoulder/Hip/Knee/Sports Med – Birmingham or Gardendale]
- Dr. Eli Hurowitz [Foot/Ankle – Birmingham only]
- Dr. Ed Kissel [Shoulder/Hip/Knee – Birmingham only]
- Dr. Sophia Lal [Sports Medicine/Non-Surgical Ortho – Birmingham only]
- Dr. J. Todd Smith [Spine/Workers Comp (seperate form) – Birmingham only]
- Dr. Jamie Worthen [Shoulder/Kneecwrae71288]