Experts in Orthopedic Care
3334 Capital Medical Blvd | 2605 Welaunee Blvd
Phone: 850.877-8174 Fax: 844.261.6839
TEAMTOC.com

CONSULTATION REQUEST

Patient's Name: _____

Date of Birth: _____ SS#: _____

Address: _____

Home Ph #: _____ Work Ph #: _____ Cell #: _____

Medical Reason for Appointment: _____

Has patient had x-rays, MRI, etc.? Yes or No

(Patient must bring x-rays, MRI, etc. with them to the appointment)

Was patient involved in an accident or injury? Yes or No _____MVA _____W/Comp__Other

If "Yes", Date of Injury/Accident: _____

***** Please advise patient that any copay/co-insurance is due at the time services are rendered*****

Insurance Primary: _____ Secondary: _____

Patient must bring insurance card(s) and a picture I.D. at the time of the appointment

Physician Requesting Consult: _____

Office Phone #: _____ Office Fax #: _____

I am requesting that Tallahassee Orthopedic Clinic or its affiliated satellite office performs a consultation on the above referenced patient for the medical problem indicated.

_____ _____

Physician's Signature Date

Providing the highest quality, patient-centered orthopedic care and sports medicine to North Florida and South Georgia.
www.TEAMTOC.com