

## REQUEST FOR CONSULTATION OR REFERRAL

Missing information may delay the processing of this request. Request Date \_\_\_\_\_

**Requested Disposition (check one)**

**Consultation**

- Physician findings will be provided

**Contact Name** \_\_\_\_\_

**Referral**

- Will evaluate and treat for specified diagnosis or condition
- Physician findings will be provided
- **What body part is referral for?** \_\_\_\_\_

**Section 1: Patient Information (REQUIRED)**

Name \_\_\_\_\_ Home # \_\_\_\_\_

Address \_\_\_\_\_ Work # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Cell # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender M / F

Insurance  Medicare  United Healthcare  BCBS  Other \_\_\_\_\_

-Work Comp Injury? Yes / No      -Has patient been seen for this issue by a previous orthopedic provider? Yes / No

-Previous Surgery for this issue? Yes / No If so, please explain \_\_\_\_\_

**Section 2: Physician Information (REQUIRED)**

Name \_\_\_\_\_ NPI \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Fax # \_\_\_\_\_

**Please fax consultation request form and any medical documentation as applicable to (319) 338-0522**

Please complete this section if you have called our office and scheduled an appointment for consultation.

Keep a copy of this request for your patient records.

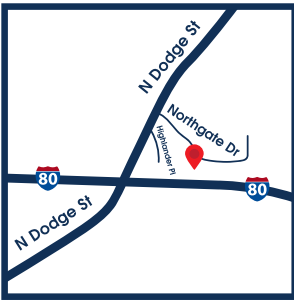
Would you like us to contact the patient to schedule the appointment?

Appointment Date \_\_\_\_\_ Appointment Time \_\_\_\_\_ AM / PM

Appointment Location \_\_\_\_\_

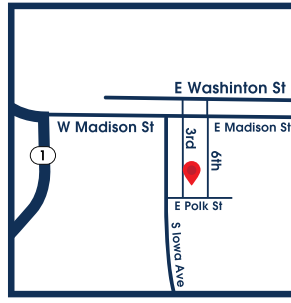
**Appointment Scheduled with: (Please check one of the following)**

- |                                                   |                                                    |                                                  |                                                 |
|---------------------------------------------------|----------------------------------------------------|--------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Derek L. Breder, MD      | <input type="checkbox"/> John C. Langland, MD      | <input type="checkbox"/> David J. Steinbronn, MD | <input type="checkbox"/> Quinn I. Kurtz, PA-C   |
| <input type="checkbox"/> Bradly W. Bussewitz, DPM | <input type="checkbox"/> Evan P. Larson, MD        | <input type="checkbox"/> Brent W. Whited, MD     | <input type="checkbox"/> Ashley L. Reed, PA-C   |
| <input type="checkbox"/> Taylor D. Dennison, MD   | <input type="checkbox"/> Benjamin D. MacLennan, MD | <input type="checkbox"/> Brian P.D. Wills, MD    | <input type="checkbox"/> Shad D. Schrader, PA-C |
| <input type="checkbox"/> Frederick J. Dery, MD    | <input type="checkbox"/> Peter B. Maurus, MD       | <input type="checkbox"/> Dan D. Coons, PA-C      | <input type="checkbox"/> Laura S. Wood, ARNP    |
| <input type="checkbox"/> Thomas P. Ebinger, MD    | <input type="checkbox"/> Mark C. Mysnyk, MD        | <input type="checkbox"/> Scott A. Frisbie, PA-C  |                                                 |
| <input type="checkbox"/> Daniel B. Goldish, MD    | <input type="checkbox"/> Brent A. Overton, MD      | <input type="checkbox"/> Evan J. Heer, PA-C      |                                                 |
| <input type="checkbox"/> Daniel L. Jones, MD      | <input type="checkbox"/> Austin J. Ramme, MD, PhD  | <input type="checkbox"/> Abby L. Hein, PA-C      |                                                 |



## Iowa City

2751 Northgate Dr  
Iowa City, IA 52245



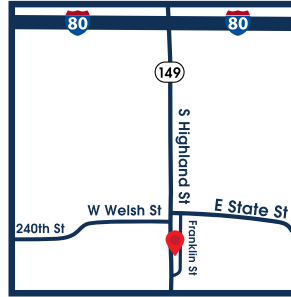
## Washington

400 East Polk Street  
Washington, IA 52353



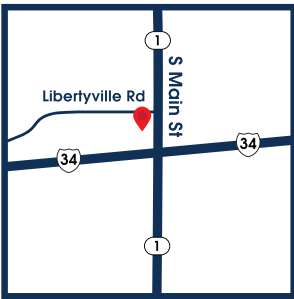
## Burlington

2750 Mt. Pleasant Street, Suite 112  
Burlington, IA 52601



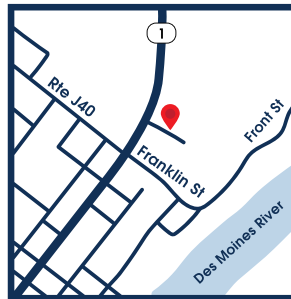
## Williamsburg

819 S Highland St  
Williamsburg, IA 52361



## Fairfield

2000 South Main Street  
Fairfield, IA 52556



## Keosauqua

304 Franklin Street  
Keosauqua, IA 52565



## Muscatine

2104 Cedarwood Drive, Suite 102  
Muscatine, IA 52761