



# Southlake Orthopaedics

MedPlex • 4517 Southlake Pkwy • Hoover, AL 35244  
Grandview • 3686 Grandview Parkway, Suite 430 • Birmingham, AL 35243

**PHYSICIAN REFERRAL REQUEST**  
**(Phone) 205-985-4111**  
(New Fax) 205-267-4411

**Patient Information:**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Secondary Phone (Mobile): \_\_\_\_\_

Primary Insurance Carrier: \_\_\_\_\_

**Appointment Type:**

- Please schedule first available appointment with any of the physicians.
- Specific Physician Requested: **please check requested provider**
- Next Available     Urgent-within 1 week     Emergency (within 48 hours): Contact Office 205-985-4111

**Location Desired:**

**Grandview\***     **Medplex**

- Ekkehard Bonatz, MD\*** Orthopaedic Surgeon (Hand/Elbow)
- William Krauss, DO\*** Orthopaedic Surgeon (Foot/Ankle)
- C.J. Talbert, MD** Orthopaedic Surgeon (Spine/Neck)
- William Craig, MD** Spine Non-Surgical/Musculoskeletal Pain
- William Sudduth, MD** General Orthopaedist
- John Kirchner, MD\*** Orthopaedic Surgeon (Foot/Ankle)

- Michael Blum, MD\*** Orthopaedic Surgeon (Hip, Shoulder, Knee, Foot, Ankle, Joints)
- Michael Ellerbusch, MD** Sports Medicine/EMG/NCS
- George Robert Booker, MD** Orthopaedic Surgeon (Hip, Shoulder, Knee, Hand, Foot, Ankle, Joints)
- Michael Smith, MD\*** Orthopaedic Surgeon (Hand, Elbow, Shoulder)
- Donald Deinlein, MD\*** Orthopaedic Surgeon (Spine/Neck)
- Christopher Heck, MD\*** Orthopaedic Surgeon (Spine/Neck)

**Type of Referral**

- Evaluation consultation with treatment recommendations that primary care physician will continue to follow.
- Evaluation consultation with assumed care for this condition.
- Evaluation consultation with treatment recommendations and shared care.
- Specialist to Specialist\* —Secondary Referral     Send Copy of this referral to patients primary care physician.
- Other (designate) \_\_\_\_\_
- OSTEOPOROSIS Evaluation to begin PROLIA Treatment. **(Please ensure the following before scheduling):**
  - "I am referring to Osteoporosis Clinic to start PROLIA treatment."
  - DEXA Scan ordered
  - Labwork: Basic Metabolic Profile (BMP); 25-Hydroxy Vitamin D; Parathyroid Hormone (PTH)

**Workers' Compensation Information** (Must be completely filled out if Workers' Comp)

Adjusters Name and Phone #: \_\_\_\_\_

Employer's Phone #: \_\_\_\_\_ Claim number: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

**Imaging Available?**     Yes     No    Type:     MRI     CT     X-ray     Other: \_\_\_\_\_

Location done: \_\_\_\_\_

Office Notes/Imaging Reports Faxed:     Yes     No

Reason for Referral: \_\_\_\_\_

Referring Physician & Contact #: \_\_\_\_\_ NPI# \_\_\_\_\_

Referral Coordinator/Fax Contact: \_\_\_\_\_ Phone# \_\_\_\_\_

Southlake Orthopaedics IN-OFFICE use only

**THANK YOU FOR YOUR REFERRAL:** Scheduler Name: \_\_\_\_\_ Date: \_\_\_\_\_

Appointment scheduled for Date: \_\_\_\_\_ Time: \_\_\_\_\_

Unable to contact patient at above telephone numbers.

**You will receive a faxed copy of referral request for your record.**

**Southlakeorthopaedics.com**

**Please inform patients to complete on-line registration forms 48 hours prior to scheduled appointment to expedite process upon arriving to our office(s).**