



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)
- Christopher Heck, MD*** Orthopaedic Surgeon (Spine/Neck)
- Dewey Jones IV, MD*** Orthopaedic Surgeon (Hip, Knee, Shoulder)

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) _____

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).