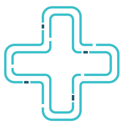

CULLMAN REGIONAL | Medical Group

Orthopedics & Sports Medicine
Vincent Bergquist, MD
Stephen Gould, MD • Connor Ojard, MD
1938 Alabama Highway 157, Suite 101
Cullman, AL 35058
(256) 735-5505 **FAX: (256) 964-9954**

ORTHOPEDIC SURGEON REFERRAL FORM

Patient Name: ____________________

DOB: __________ Phone #: __________ Cell #: __________

Height: __________ Weight: __________

Address: ____________________

____

Insurance Carrier: ____________________

Policy #: ____________________

Referral authorization # if required __________

Please include clinical documentation such as imaging, lab work, clinic notes, if available.

TESTS REQUESTED (CIRCLE ONE)

X-ray | MRI | Bone Density | CT

BODY PART INVOLVED (CIRCLE)

Shoulder	Knee	Arm	Ankle
Elbow	Foot	Finger	Toe
Hand	Wrist	Hip	Pelvis

Other: __________ Allergies: __________

PRIMARY COMPLAINT (CIRCLE)

Pain | Injury __________ | Swelling | Numbness | Weakness

Other: __________ Allergies: __________

ORDERING PROVIDER

Physician: ____________________

Phone #: __________ Fax #: __________

Provider Signature: ____________________

Appointment Date/Time: __________ Patient notified on: __________

Physician offices will be notified when appointments are scheduled and notification is confirmed for all diagnostic procedures

Phone (256) 735-5505 **Fax (256) 964-9954**