



**DECATUR ORTHOPAEDIC CLINIC**  
1103 SIXTEENTH AVENUE, S.E.  
DECATUR, ALABAMA 35601

## Fax Referral/Consult Form

For your convenience you may refer a patient by calling our dedicated referral phone line **256.351.8022** or fax this form to our dedicated appointment desk fax line **256.350.8973**. If you wish to refer by fax please answer the following questions.

Referring Physician \_\_\_\_\_ NPI# \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Contact \_\_\_\_\_

Preferred Physician or First Available:

- |  |  |
|--|--|
| <input type="checkbox"/> First Available             | <input type="checkbox"/> J. Randall Riehl, M.D.  |
| <input type="checkbox"/> William A. Sims, M.D.       | <input type="checkbox"/> R. Scott Sharp, M.D.    |
| <input type="checkbox"/> Robert A. Sparks, III, M.D. | <input type="checkbox"/> Russell L. Ellis, M.D.  |
| <input type="checkbox"/> Dabney Y. Hofammann, M.D.   | <input type="checkbox"/> R. Stacy Tapscott, M.D. |

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

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

Insurance Type \_\_\_\_\_

Does the patient have Xrays, MRI, Nerve Conductions Studies, etc. \_\_\_\_\_  
(Please release to patient any pertinent reports and diagnostic studies including actual films)

Within 24 hours we will contact your patient, schedule the appointment and fax the scheduled appointment information to your contact person listed above.

Scheduled Date and Time \_\_\_\_\_

**We Appreciate Your Referral.**

This form is available on our website [www.decaturothopaedic.com](http://www.decaturothopaedic.com)