



Patient Referral / Consultation Request Form
Confidential PHI Enclosed

Attention: Appointment Scheduling

**Please include: office notes, diagnostic imaging results, and operative reports pertaining to the condition.
 If non-Valley Health facility, please mail imaging CD to address below, or have patient hand-deliver to our office.
 Please attach copy of the patient's insurance card(s) and/or face sheet(s)*

DATE: _____

TO: Thomas W. Wise, M.D.
 John H. Zoller, III, M.D.
 Stephen H. Martenson, M.D.
 Abbey K.I. Gore, M.D.
 Matthew T. Mantell, M.D.
 Benjamin F. Sandberg, M.D.
FIRST AVAILABLE

FAX (540) 667-6589 or (540) 667-6291
 128 Medical Circle
 Winchester, VA 22601
 Telephone: (540) 667-8975

FROM: Referring Provider _____
 Address _____
 Phone _____ FAX _____
 Office Contact Name: _____

Please schedule the patient listed below for Referral Consultation

Patient Name _____
 Home/Cell/Primary Ph. # _____ Work/Secondary Ph. # _____
 DOB _____ Last 4 Digits SSN _____

Reason for Referral or Consultation: _____

Current Diagnosis: _____

Previous Orthopaedic Surgery: Y / N Type: _____
Previous Spine Surgery: Y / N Type: _____
Diagnostic Testing: _____
Conservative Treatment to Date: _____

A Team Member of Winchester Orthopaedic Associates will contact the patient to make the appointment.

Confidentiality Notice: Any documents accompanying this facsimile transmission may contain confidential information as privileged under Virginia Code 8.01-581.17. The information contained in this facsimile message is physician/client privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone, (540) 667-8975, and return the original message to us at the above address via the U. S. Postal Service. Thank you.Winchester Orthopaedic Associates, Ltd.
 Reminder: Respect patient confidentiality per Health Insurance Portability and Accountability Act