TEXAS ORTHOPEDIC
TXOSA
AND SPINE ASSOCIATES

TODAY'S DATE

PATIENT REFERRAL

REFERRAL REQUEST

LOCATION REQUESTED

☐ **Fort Worth**
923 College Avenue, Ste 101

☐ **Dallas**
3430 W. Wheatland Rd, Ste 209

PROVIDER REQUESTED

PROVIDER	SPECIALTY	NPI
☐ **Tatiana Boyko, MD**	Hand, Wrist, Elbow	1386080059
☐ **Kateryna Zelenova, MD**	Hand, Wrist, Elbow	1114424231
☐ **Rona Law, DPM**	Foot, Ankle	1164953170
☐ **Hamidat Momoh, DPM**	Foot, Ankle	1043960248
☐ **Bruce Prager, MD**	Knee, Hip, Shoulder	1033137435
☐ **Ahmed Moussa, MD**	Brain, Spine	1144894015

MARK ALL NEEDS THAT APPLY

☐ Hand / Wrist
☐ Foot / Ankle
☐ Knee
☐ Hip
☐ Shoulder
☐ Elbow
☐ Neck
☐ Low Back
☐ Pain Management
☐ Wound Care
☐ Other:

ADDITIONAL NOTES

PATIENT INFORMATION

PATIENT NAME	DATE OF BIRTH
ADDRESS	CITY, STATE, ZIP
PHONE	PREFERRED LANGUAGE
INSURANCE PROVIDER	POLICY #

PCP REFERRAL REQUIRED? ☐ ***NO*** ☐ ***YES*** *If "**YES**," please complete the required fields below.*

AUTHORIZATION CODE	NO. OF VISITS
REASON(S) FOR CONSULTATION / DIAGNOSTIC CODE	START DATE
	END DATE

REFERRAL INFORMATION

REFERRED BY	NPI #
ADDRESS	CITY, STATE, ZIP
PHONE	FAX
EMAIL	
REFERRAL COORDINATOR NAME	CONTACT FOR REFERRAL COORDINATOR (PHONE OR EMAIL)