TEXAS ORTHOPEDIC
TXOSA
AND SPINE ASSOCIATES

Today's Date: ____________________

Appointment Requested:

☐ Immediately ☐ First Available

TXOSA.com Phone: 817-697-4038 Fax: 877-409-3962 Group NPI: 1558013169

Appointment Location: TXOSA - 7901 John W. Carpenter Fwy, #150 Dallas, TX 75247

Patient Name ____________________ D.O.B. ____________

Address ____________________ City, State ____________________ Zip ____________

Patient Phone # ____________________ Alt. # ____________________

Patient Insurance ____________________ Policy #____________________

Reason for Consultation: ____________________

Diagnosis (ICD-10 if available): ____________________

Consulting Physician: ____________________ Office #: ____________ Fax: ____________

Appointment Type:

☐ Work Related Injury ☐ Acute Pain ☐ Chronic Pain ☐ Physical/Occupational Therapy

☐ Hand/Wrist Pain ☐ Foot/Ankle Pain ☐ Back Pain ☐ Injection

Please fax a copy of the following information along with this form:

- Patients Demographic/Insurance Information
- Updated History and Physician Report
- Diagnostic Imaging and Radiology Reports (Xray, MRI, CT Scan)
- MRI Orders
- Other Pertinent Patient Reports or Information

Special Instructions

☐ TXOSA to schedule appointment and contact patient directly

☐ TXOSA to schedule appointment and fax confirmation to: ____________ Fax: ____________

☐ Other: ____________________

FOR TXOSA USE ONLY

APPOINTMENT WITH DR. ____________ BACKLINE PHONE # ____________

PATIENT APPOINTMENT DATE ____________

Notes:

You may also email this form to Admin@TXOSA.com

A digital version of this form is available at TXOSA.com/ReferralForm