PANHANDLE ORTHOPAEDICS

Phone: Panama City Beach: 850-784-7724 | Crestview & Pensacola: 850-398-8480

12909 Panama City Beach Parkway
Panama City Beach, FL 32407

710 Hospital Drive
Crestview, FL 32539

4624 N. Davis Highway
Pensacola, FL 32503

Request for Consultation/Request for Referral

DATE: _____

☐ **REQUEST FOR CONSULTATION** *(Request for opinion and/or advice relevant to the care of this patient)*

I am requesting that you evaluate my patient in consultation. Subsequent to your evaluation, please send me a letter which outlines your findings, opinion, advice and recommendations.

Patient Name _____ Phone Number_____

Primary Insurance _____ Secondary Insurance_____

Reason for Consultation (eg., evaluate patient to determine if he/she is a surgical candidate)

_____

☐ **REQUEST FOR REFERRAL/TRANSFER OF CARE**

(Request for CCI physician to take over management of all or a portion of the patient's condition(s))

I am requesting that you take over the management of the following condition(s):

_____

Patient Name _____ Phone Number_____

Primary Insurance _____ Secondary Insurance_____

PLEASE COMPLETE THE FOLLOWING:

Which Panhandle Orthopaedics clinic would you like to schedule with?

☐ Crestview ☐ Pensacola ☐ Panama City Beach

Referring Physician Name _____

Referring Physician Phone Number: _____ Fax Number: _____

Referring Physician Signature: _____

Please fax completed request form along with copies of insurance cards and any office notes/reports to the office in which you would like the appointment scheduled. We will contact your patient to schedule an appointment and advise you of the date and time. Thank you!

Panama City Beach: 850-784-4711 **Crestview: 850-398-8482** **Pensacola: 850-398-8482**