

**Sacramento Knee & Sports Medicine Medical Corporation**

**NEW PATIENT REFERRAL FORM**

**New Patient Referrals (916) 454-6680**

Is this referral **Routine** (\_\_\_) **Urgent** (\_\_\_)

**Please fax to: (916)733-8950**

**\*\*Please include any clinical information pertaining to the patients' injury (i.e.: op reports, diagnostic tests, etc.). Please instruct the patient to hand carry any films, MRI or other studies to the appointment. We will mail an information packet to the patient.**

Thank you for your participation in our endeavor to provide a more efficient service to our patients and colleagues.

***Please call Jodie or Andrea in our New Patient Department with questions.***

(\_\_\_) DAVID B. COWARD, M.D.  
Knee

(\_\_\_) STEPHEN C. WEBER, M.D.  
Shoulder & Knee

(\_\_\_) MASOUD GHALAMBOR, M.D.  
Foot & Ankle

(\_\_\_) SOHEIL PAYVANDI, D.O.  
Hand, Wrist & Elbow

(\_\_\_) JOHN MEEHAN, M.D.  
Knee & Hip

(\_\_\_) DAVID WANG, M.D.  
Shoulder & Knee

\_\_\_\_\_ **DOB** \_\_\_\_\_ *Non-English Speaking?* **Y N**

**Last First M**

**Home** (\_\_\_\_) \_\_\_\_\_ **Wk/Day** (\_\_\_\_) \_\_\_\_\_ **Cell** (\_\_\_\_) \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Referral Contact Person?** \_\_\_\_\_ **Phone** (\_\_\_\_) \_\_\_\_\_ **Fax** (\_\_\_\_) \_\_\_\_\_

**Referred By** \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_

**Seen by Prev Ortho MD?** \_\_\_\_\_ **Recds Available?** **Y N**

**Prev Records** **Yes No** **X-rays MRI CT EMG** \_\_\_\_\_  
*Bring or Send Bring or Send*

**TREATMENT FOR?** **R L** \_\_\_\_\_  
\_\_\_\_\_

**INS TYPE/INFO?** \_\_\_\_\_

**For Worker's Comp Pts:** **W/C DOI** \_\_\_\_\_ **Claim #** \_\_\_\_\_

**Employer** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**WC CARRIER:** \_\_\_\_\_ **Adj** \_\_\_\_\_

\_\_\_\_\_ **Email** \_\_\_\_\_

\_\_\_\_\_ **Phone** (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ **Fax** (\_\_\_\_) \_\_\_\_\_

**Referral authorized by?** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Consult Only?** **Y N** **Consult & Treat?** **Y N**

*Thank You for Your Referral!*

