

ATHENS PHYSICIANS

FAX TO 256.704.6202

PHONE 256.233.2332

ORTHOPAEDIC SURGEONS

- Patrick **Boyett**, DO
- Eric **Stanford**, DO
- William **Lawrence**, DO

ORTHO NON-SURGICAL

- Jason **Hatfield**, DO
- Shane **Palmer**, PA (Florence Only)

FOOT / ANKLE

- Jason **Hatfield**, DO
- David **Kyle**, DPM

SPINE SURGEONS

- Blake **Boyett**, DO

SPINE NON-SURGICAL

- Hunter **Boyett**, DO
- Jason **Hatfield**, DO

FIRST AVAILABLE

OTHER _____

- Location: **Ardmore**
 Athens
 Florence
 Rogersville
 Winfield

Referring Physician: _____

Contact Person: _____

Physician Phone #: _____

Fax Number: _____

*Patient Name: _____

*Date of Birth: _____

*Address: _____

City/State/Zip: _____

Email: _____

*Patient Phone #: _____

Alternate Phone #: _____

Gender (please check): Female Male _____

*Insurance: _____

* REQUIRED information to schedule Patient

Where is the pain? (Please check all that apply)

- Neck Upper Back Elbow Foot
- Shoulder Lower Back Hand Ankle
- Hip Arm Knee Other: _____

Was patient involved in a motor vehicle accident? No Yes If Yes, Date: _____

Previous Studies: X-Ray Myelogram CT Scan MRI
 Bone Scan EMG/NCS

Facility Name: _____

*If previous studies exist, please bring disk & copy of report(s) to aid in patient evaluation.

Evaluation/Treatment: _____

DX/Comments