TOC The Orthopaedic Center
ORTHOPAEDICS, SPINE & SPORTS MEDICINE
World-Class Expertise. Exceptional Care.

TOC Physician FAX Referral Form

Please fax to **256.571.8447**

GUNTERSVILLE PHYSICIANS

FAX TO 256.571.8447
PHONE 256.571.8445

ORTHOPAEDIC SURGEONS
☐ Stanton **Davis**, MD
☐ Zachary **Moore**, MD
☐ Matthew **Smith**, DO

SPINE SURGEONS
☐ Brian **Scholl**, MD

FOOT/ANKLE
☐ David **Kyle**, DPM

☐ **FIRST AVAILABLE**

☐ **OTHER** _____

Location: ☐ **Guntersville** ☐ **Albertville**

DX/Comments

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: _____