



Tallahassee Orthopedic Clinic

3334 CAPITAL MEDICAL BLVD, STE 400 | 1401 CENTERVILLE RD, STE 710 | 1981 CAPITAL CIRCLE NE | 2160 CAPITAL CIRCLE NE, STE 200
PHONE: 850.877.8174 FAX: 844.261.6839

CONSULTATION REQUEST

Patient's Name: _____

Date of Birth: _____ SS#: _____ (we must have SS# to schedule appointment)

Address: _____

Home Ph #: _____ Work Ph #: _____ Cell #: _____

Medical Reason for Appointment: _____

Has patient had x-rays, MRI, etc.? Yes or No

(Patient must bring x-rays, MRI, etc. with them to the appointment)

Was patient involved in an accident or injury? Yes or No _____ MVA _____ W/Comp _____ Other

If "Yes", Date of Injury/Accident: _____

***** Please advise patient that any copay/co-insurance is due at the time services are rendered*****

Insurance Primary: _____ Secondary: _____

*****Patient must bring insurance card(s) and a picture I.D. at the time of the appointment*****

Physician Requesting Consult: _____

Office Phone #: _____ Office Fax #: _____

I am requesting that Tallahassee Orthopedic Clinic or its affiliated satellite office performs a consultation on the above referenced patient for the medical problem indicated.

Physician's Signature Date

Appointment Information

Date: _____ Time: _____

Location: _____ Provider: _____

**** All information must be completed and signed before an appointment will be scheduled****

TOC @ MARIANNA
PHONE: 850.526.3236
FAX: 844.261.6844

TOC @ PERRY
PHONE: 850.584.0241
FAX: 844.262.4209

TOC @ BAINBRIDGE
PHONE: 229.246.3608
FAX: 844.261.6838

TOC @ THOMASVILLE
PHONE: 229.226.3060
FAX: 855.460.8658