

Referral to Center for Sports Medicine & Orthopaedics



Preferred Physician _____

Today's Date _____

Patient Name _____

Date of Birth _____ SSN _____

Referring physician _____

Home Phone _____ Cell _____

Referring physician phone _____

Address _____

Referring physician fax _____

City _____ State _____ Zip _____

Office contact _____

Please attach a copy of insurance cards when possible.

Primary Insurance _____

Please circle Y or N

Accident Related: Y or N Has the patient seen another Orthopaedist for this problem? Y or N
 Workers Comp: Y or N

ID# _____ Group # _____

Auto Related: Y or N Has the patient had surgery before for this problem? Y or N

Secondary Insurance _____

ID# _____ Group # _____

Patient problem: (Please list symptoms)

Note: Please instruct patient to visit www.sportmed.com and register for the PATIENT PORTAL prior to appointment. Also, patient must bring any image studies, X-rays/MRI/CT scans, reports and discs, and any additional test results related to condition being referred for.

*Note: For Hip/back problems:
 Groin/Thigh (Anterior) pain should be considered hip.
 Buttocks/leg (posterior) pain should be considered back.*

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Main Office
2415 McCallie Avenue
Chattanooga, TN | <input type="checkbox"/> Gunbarrel Office
The ATRIUM 2
1949 Gunbarrel Road, Suite 150 | <input type="checkbox"/> Athens Medical Mall
719 Cook Drive, Suite 103
Athens, TN | <input type="checkbox"/> North Georgia
4725 Battlefield Parkway
Ringgold, GA |
| <input type="checkbox"/> Hixson
CHI Memorial Hixson
2051 Hamill Road, Suite 3000 | <input type="checkbox"/> Cleveland
2400 North Ocoee Street
Cleveland, TN | <input type="checkbox"/> Sequatchie Valley Primary Care
24 Mountain View Drive, Suite A
Kimball, TN | |

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Justin Arnold, M.D.
Hand and Upper
Extremity Specialist | <input type="checkbox"/> J. Paul Martz, D.O.
Spine Specialist | <input type="checkbox"/> John Nash, M.D.
Total Joint Replacement
Arthroscopic Surgery
Fractures
General Orthopaedics | <input type="checkbox"/> J. Alex Sielatycki, M.D.
Adult & Pediatric Spine
Surgeon |
| <input type="checkbox"/> Timothy Ballard, M.D.
Total Joint Replacement
Arthroscopic Surgery
Lower Extremity Trauma | <input type="checkbox"/> Robert Mastey, M.D.
Upper Extremity and
Microvascular Specialist | <input type="checkbox"/> Shay Richardson, M.D.
General Sports Medicine
Interventional Musculoskeletal Medicine | <input type="checkbox"/> Chad Smalley, M.D.
Shoulder Replacement
Sports Medicine
Arthroscopic Knee & Shoulder
Surgery |
| <input type="checkbox"/> Todd Bell, M.D.
Sports Medicine
Arthroscopic Knee Surgery | <input type="checkbox"/> Candace McKee, M.D.
Interventional Pain Management
Non-Operative Spine Care | <input type="checkbox"/> Jason Robertson, M.D.
Non-operative Specialist
Sports Medicine | <input type="checkbox"/> Brian Smith, M.D.
Hand and Elbow Specialist |
| <input type="checkbox"/> Benjamin Geddes, M.D.
Adult & Pediatric Spine
Surgeon | <input type="checkbox"/> Benji Miller, M.D.
Orthopaedic Surgery
Sports Medicine
Arthroscopic Knee & Hip Surgery
Shoulder Surgery | <input type="checkbox"/> Jason Rogers, M.D.
Adult Hip & Knee Reconstruction
Total/Partial Hip & Knee Replacement
General Orthopaedics | <input type="checkbox"/> Jason Spangler, D.O.
Sports Medicine
Arthroscopic Surgery
Shoulder and Knee Arthroscopy
Total Joint Replacement |
| <input type="checkbox"/> Todd Grebner, D.O.
General Orthopaedics
Sports Medicine
Arthroscopic Surgery
Total Joint Replacement
Hand Surgery | <input type="checkbox"/> Bradford Mitchell, M.D.
Sports Medicine
Non-operative Specialist | <input type="checkbox"/> Brett Sanders, M.D.
Sports Medicine
Shoulder Surgery/Replacement
Arthroscopic Knee Surgery | <input type="checkbox"/> C. Jason Wamack, D.P.M.
Foot and Ankle Surgery
Sports Medicine |

Lacie Black, MSN, NP-C | Annabeth Pruett, PAC, MBA | Kurt Pulver, PA-C | Jennifer Rose, MSN, RN, FNP-C
 Pace Rothery, PA-C | Dana Simpson, FNP-BC | Lynne Smith, MSN, APRN, FNP-C | Bruce Weeks, PA-C

Appt. Date _____ **Time** _____ AM PM **Location** _____

**FAX COMPLETED FORM
 TO: (423) 493-0639**