

AZALEA ORTHOPEDICS

Azalea Patient Access Center (APAC)

New Patient Scheduling

Phone #: 903-939-7501

Fax #: 903-939-7522

Referral to: Dr. _____

Referring Provider: _____ **Affiliation:** _____

Consult: Yes No

Evaluation & Treatment: Yes No

Other: _____

Body Part: _____

Please fax a physician referral to 903-939-7522 along with the following information:

- **Patient demographics**
- Copy of insurance card. (*Note: if appointment requires insurance referral authorization, please fax with referral. This is needed prior to an appointment being made*).
- Physician H & P and office notes pertaining to this referral
- Any imaging reports (X-ray, MRI, CT) pertaining to this referral

Please Check the box below and print the fax number where you would like to receive a confirmation fax _____

Patient Location Preference: Please note not all physicians travel. See travel schedule handout or www.azaleaortho.com. If box is unchecked patient will be scheduled in **Tyler!**

Athens

Jacksonville

Longview

Mt. Pleasant

Palestine

Pittsburgh

Patient Name _____

Other Notes _____

Thank you for choosing Azalea Orthopedics!!