

Step 1: Fax this form, along with the patient's referral (if applicable) to fax number above.

Step 2: A Referral Coordinator will contact the patient within 24 hours to schedule a visit with the appropriate provider.

Step 3: You will receive a confirmation of your patients' appointment status or if we were unable to reach the patient.

YOUR INFORMATION

Referring Provider: _____ NPI # _____

VISIT INFORMATION (CHECK ONE IN EACH CATEGORY)

Specialty Requested	Location Requested	Time Requested	Visit Type
<input type="checkbox"/> Adult Joint Reconstructive	<input type="checkbox"/> Flagstaff - (F)	<input type="checkbox"/> <48 hours	<input type="checkbox"/> New
<input type="checkbox"/> Orthopaedic Spine	<input type="checkbox"/> Prescott Valley - (PV)	<input type="checkbox"/> First Available	<input type="checkbox"/> Follow-Up
<input type="checkbox"/> PMR/ Interventional Spine/Pain	<input type="checkbox"/> Sedona - (S)	<input type="checkbox"/> Less Than One Week	<input type="checkbox"/> Orthopaedics
<input type="checkbox"/> Sports Medicine	<input type="checkbox"/> Lakeside - (L)	<input type="checkbox"/> Patient's Convenience	<input type="checkbox"/> Spine/Interventional/Pain
<input type="checkbox"/> Hand and Upper Extremity	<input type="checkbox"/> Page - (PG)		
<input type="checkbox"/> Foot and Ankle			

NAO PROVIDER and LOCATIONS

<input type="checkbox"/> Timothy Bonatus, DO (F)	<input type="checkbox"/> Scott Gibson, MD (F, PV)	<input type="checkbox"/> Eamonn Mahoney, MD (F, PV, L)
<input type="checkbox"/> Bourck Cashmore, MD (F, PG)	<input type="checkbox"/> J. Michael Glover, MD (F, PV, S)	<input type="checkbox"/> Cody Martin, MD (F, S, PV)
<input type="checkbox"/> Brandon Clark, DO (F)	<input type="checkbox"/> Stephen Knecht, MD (F)	<input type="checkbox"/> Mark Mellinger, MD (F, PV, L)
<input type="checkbox"/> Chris Diefenbach, MD (F, PV)	<input type="checkbox"/> John Ledington, MD (F)	<input type="checkbox"/> Joel Rohrbough, MD (F)
<input type="checkbox"/> Peter Gibson, MD (F, S)	<input type="checkbox"/> Yuri Lewicky, MD (F)	<input type="checkbox"/> Prescott Valley: Jamie Pearson, PA-C

PATIENT INFORMATION

Patient Name: _____ DOB: _____
 Phone: (H) _____ (C) _____ (Work) _____
 Address: _____
 City: _____ State: _____ Zip code: _____
 Guardian Name (if applicable): _____ DOB: _____
 Reason for Visit/Diagnosis: _____

INSURANCE INFORMATION

Primary Insurance: _____ ID #: _____
 Secondary Insurance: _____ ID #: _____
 Cardholder's Name: _____ DOB: _____

Note 2: If a referral is required, we will need to receive the referral from your office prior to seeing the patient.

Note 3: With the referral, please include the approved number of visits and valid date range (e.g. 90 days).

Note 4: For patients needing to call Flagstaff's main office, please have them call 928.226.2900.

Back (page 2) includes Providers, Specialties, NPI #s, Locations and APPs