



CONSULTATION / REFERRAL REQUEST

- James W. Berk, M.D.**
Board Certified - FP-Sports Medicine
- W. Preston Blake, M.D.**
Board Certified - Orthopaedic Surgery
- Frank D. Ellis, M.D.**
Board Certified - Orthopaedic Surgery
- Edward M. Jaffe, M.D.**
Board Certified - Orthopaedic Surgery
- Adil Kabeer, M.D.**
Board Certified - Plastic Surgery
- Timothy Lane, M.D.**
Board Certified - Orthopaedic Surgery
- Joseph R. Locker, M.D.**
Board Certified - Orthopaedic Surgery
- Amanda G. Maxey, M.D.**
Board Certified - Orthopaedic Surgery
- Phillip L. Parr, M.D.**
Board Certified - Orthopaedic Surgery
- Mark A. Petty, M.D.**
Board Certified - Orthopaedic Surgery
- R. William Petty, M.D.**
Board Certified - Orthopaedic Surgery
- Rodger D. Powell, M.D.**
Board Certified - Orthopaedic Surgery
- Phil Rhiddlehoover, M.D.**
Primary Care Orthopaedics
- Michael K. Riley, M.D.**
Board Certified - Orthopaedic Surgery
- David L. Roberts, M.D.**
Board Certified - Emergency Medicine
- Andrew F. Rocca, M.D.**
Board Certified - Orthopaedic Surgery
- Marc J. Rogers, D.O.**
Board Certified - Orthopaedic Surgery
- Jason J. Rosenberg, M.D.**
Board Certified - Plastic Surgery
- Paul J. Rucinski, M.D.**
Primary Care Orthopaedics
- Edward J. Sambey, M.D.**
Primary Care Orthopaedics
- Arthur M. Sharkey, M.D.**
Board Certified - Plastic Surgery
- Jason Shinn, M.D.**
Board Certified - Orthopaedic Surgery
- James B. Slattery, M.D.**
Board Certified - Orthopaedic Surgery
- John C. Stevenson, M.D.**
Board Certified - Neurological Surgery
- D. Troy Trimble, D.O.**
Board Certified - Orthopaedic Surgery
- J. Stephen Waters, M.D.**
Board Certified - Orthopaedic Surgery

Please complete and fax to our Scheduling Department at (352) 336-6071.

The Patient will be contacted within 24 hours of fax receipt to schedule their appointment. You will be notified of their appointment date, time and location by return fax.

If you prefer to schedule an appointment directly, please call our Scheduling Department at (352) 336-6032. **Thank you.**

Provider Requesting Consultation / Referral _____

Office Telephone # _____ Fax # _____

Contact Person _____

Preferred TOI Physician (from list at left) _____

Or

First Available Specialist (check one) General Hand Foot/Ankle

Spine Shoulder Plastics

Patient Name _____

Date of Birth _____ Social Security # _____

Patient Diagnosis _____

Insurance Carrier _____

Insurance ID# _____

Authorizations _____ # of Visits _____ Exp. Date _____

Patient Telephone # (Work) _____ (Home) _____

(To be completed by The Orthopaedic Institute and returned via fax to referring physician's office)

The following appointment has been scheduled with Dr. _____

Date _____ Time _____

Office Location _____

Thank you.

**Scheduling Department
Phone (352) 336-6032
Fax (352) 336-6071**