



SRMC Orthopaedic Clinics Phone: (505) 994-7397 Fax: (505) 994-7252

External Referral / Consult Request Form

Instruction: The following information will be required for review of your referral. Please submit complete packet to the fax number above and allow up to 8 days for review.

Patient Demographics & Insurance Information

- Please include patient name, address, best contact number, insurance name & policy number
- For work related injuries, please include Workers Compensation billing information

Contact information for PCP and/or referring physician

- Please include address, phone and fax number

Consult Request / Referral

- What question do you need addressed by the specialist?

Recent Clinic/Progress Notes

- Last 3 visits (if applicable)
- Previous related surgery notes
- Previous non-surgical intervention notes; physical therapy, injections, integrative approaches, etc

Recent Diagnostic Imaging Studies (up to 3 months, pt to bring outside studies via disk)

- Radiology: CT, MRI, X-Ray, etc.
 - Spine- must have MRI within 1 year
 - Degenerative joints- must have radiology exam that verifies degenerative arthritis
- Laboratory: CBC, UA, LFT, etc.
- Other: EKG, ECHO, etc.
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Current Medication