



Orthopedic Specialists

O F S A C R A M E N T O

Formerly known as Sacramento Knee & Sports Medicine

New Patient Referrals: (916) 389-7980

Is this referral **Routine** **Urgent** **Please fax to: (916) 520-6893**

**Please include any clinical information pertaining to the patients' injury (*i.e.: op reports, diagnostic tests, etc.*). Please instruct the patient to hand carry all diagnostic images on CD to the appointment. We will mail an information packet to the patient. Thank you for your participation in our endeavor to provide a more efficient service for our patients and colleagues.

Please call Erin, Kristina or Samantha in our New Patient Department with questions or visit our website at www.OrthoSac.com.

DAVID B. COWARD, M.D.
Knee

MASOUD GHALAMBOR, M.D.
Foot & Ankle

SOHEIL PAYVANDI, D.O.
Hand, Wrist & Elbow

DAVID WANG, M.D.
Shoulder, Elbow & Knee

THOMAS BLUMENFELD, M.D.
Total Joint Knee & Hip

WILLIAM BARGAR, M.D.
Total Joint Knee & Hip
(Consult Only)

Last First M DOB _____ Non-English Speaking? Y N

Home (____) _____ Wk/Day (____) _____ Cell (____) _____

Address _____

Referral Contact Person? _____ Phone (____) _____ Fax (____) _____

Referred By _____ Phone (____) _____

Seen by Prev. Ortho MD? _____ Recds Available? Y N

Prev. Records Yes No X-rays MRI CT EMG _____
Bring or Send Bring or Send

TREATMENT FOR? R L _____

INS TYPE/INFO? _____

For Worker's Comp Pts: W/C DOI _____ Claim# _____

Employer _____ Occupation _____

WC CARRIER: _____ Adj _____

_____ Email _____

_____ Phone (____) _____

_____ Fax (____) _____

Referral authorized by? _____ Date _____

Consult Only? Y N Consult & Treat Y N

Thank you for your referral!