



# 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 our New Patient Department with questions or visit our website at [www.OrthoSac.com](http://www.OrthoSac.com).**

MASOUD GHALAMBOR, M.D.  
Foot & Ankle

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

DAVID WANG, M.D.  
Shoulder & Knee

YUHWAN HONG, M.D.  
Foot & Ankle, Knee

NIKHIL TENDULKAR, M.D.  
Shoulder & Knee

\_\_\_\_\_  
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 Xray 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!**