



# TRINITY

ADULT AND PEDIATRIC ORTHOPEDIC SPECIALISTS

## Referral Form

Appointments: (210) 481-1700

Fax: (210) 481-1705

www.trinityorthosa.com

**Requested Physician**

**Group NPI: 1750071460**

- Richard E. Duey, M.D. NPI: 1235355587 (Shoulder, Knee, Sports Injuries, General Ortho.)
- Joel B. Nilsson, M.D. NPI: 1487633384 (Hand, Knee, Hip, General Ortho.)
- Eric R. Ritchie, M.D. NPI: 1972535169 (Pediatric Orthopedics, Scoliosis)

### REFERRING PHYSICIAN INFORMATION

Today's Date: \_\_\_\_\_  
 Referring Physician Name: \_\_\_\_\_ NPI: \_\_\_\_\_  
 Clinic Name: \_\_\_\_\_  
 Referring Office Contact Name: \_\_\_\_\_  
 Contact Phone # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

### PATIENT INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Work Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Contact instructions (preferred number/best time to reach): \_\_\_\_\_

### INSURANCE INFORMATION

**PLEASE ATTACH A COPY OF THE INSURANCE CARD**

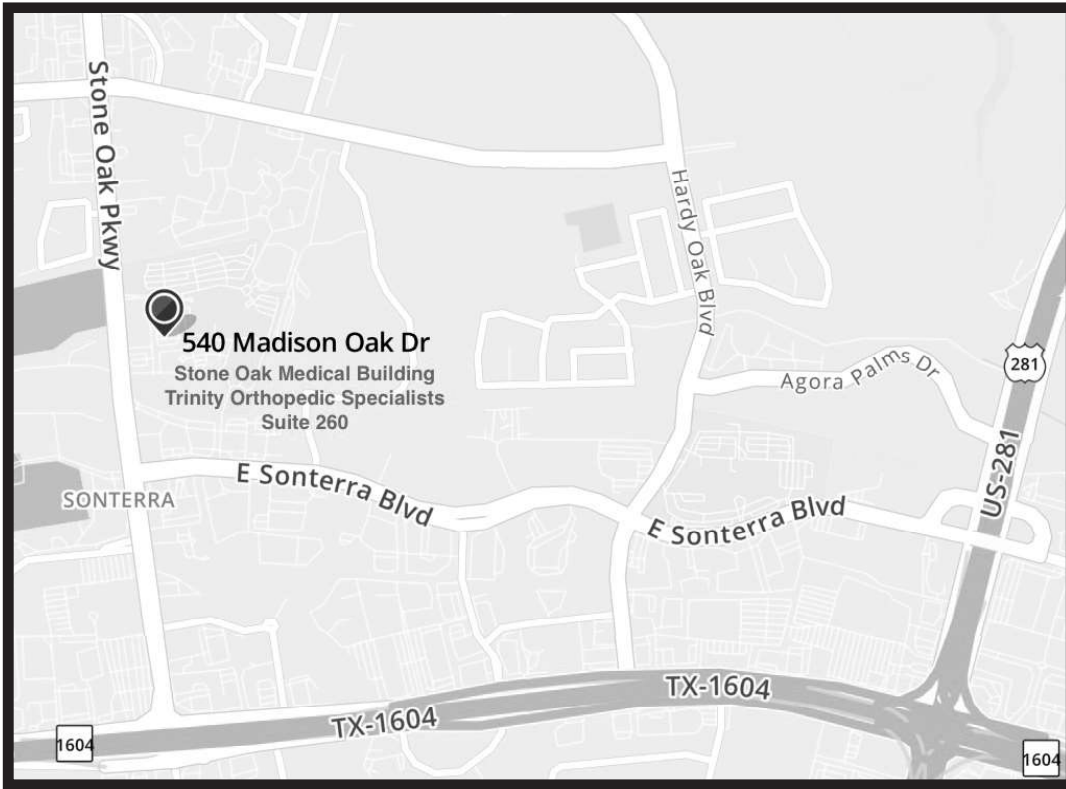
Insurance Company: \_\_\_\_\_  
 Policy Holder: \_\_\_\_\_  
 Group #: \_\_\_\_\_  
 Patient's ID #: \_\_\_\_\_  
 Subscriber's ID #: \_\_\_\_\_

### APPOINTMENT INFORMATION

Body Part Affected:  Hand/Upper Extremity  Wrist  Hip  Shoulder  Knee  
 Urgent Appointment Needed: "New onset injury"

Diagnosis/Symptoms: \_\_\_\_\_

Referral # / Authorization #: \_\_\_\_\_



**San Antonio Location**  
**Stone Oak Medical Bldg.**  
**540 Madison Oak Dr.,**  
**Suite 260**  
**San Antonio, TX 78258**

**Boerne Location**  
**110 E. Bandera**  
**Boerne, TX 78006**

