

# THE ORTHOPAEDIC GROUP, L.L.C.

199 WHITNEY AVENUE, NEW HAVEN, CONNECTICUT 06511 (203) 865-6784

## TELEPHONE/FAX CONSULTATION REQUEST

Date: \_\_\_\_\_

Fax: (203) 789-8860  
(203) 865-6788

Attn: Scheduling Dept.

**M.D. Requested:**

- Richard A. Bernstein, M.D.  
Adult & Pediatric Hand Surgery, Surgery of the Upper Extremity
- Louis J. Iorio, M.D.  
General/Office Orthopaedics, Occupational Orthopaedics, Disorders of the Foot and Ankle  
**\*\* Dr. Iorio is also available for emergencies\*\***
- John F. Irving, M.D.  
Minimally Invasive Two-Incision Hip Replacement, Knee Replacement
- Christopher B. Lynch, M.D.  
Arthritis Surgery, Total Joint Replacement, Adult Reconstructive Surgery Hip and Knee
- Alan M. Reznik, M.D.  
Arthroscopic Surgery, Adult & Pediatric Sports Medicine, Orthopaedic Trauma
- Shirvinda Wijesekera, M.D.  
Adult and Pediatric Surgery of the Spine, Spinal Trauma, Orthopaedic Trauma
- Richard A. Zell, M.D.  
Arthroscopic Surgery, Adult & Pediatric Sports Medicine, Foot & Ankle Surgery

Patient's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Insurance: \_\_\_\_\_

Subscriber ID# \_\_\_\_\_

Orthopedic problem: \_\_\_\_\_  
\_\_\_\_\_

Requesting MD: \_\_\_\_\_

Office staff name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Convenient time to be seen: \_\_\_\_\_

**Please send a copy of the patient's card and referral if required.**

- Check here only if complete care of this patient is being transferred to The Orthopaedic Group, LLC and state reason for transfer of care: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_