

9 Washington Avenue
First Floor-1A
Hamden, CT 06518
Tel. (203) 865-6784
www.togct.com



Date: _____
Fax: (203) 789-8860
Attn: Scheduling Dept.



TELEPHONE / FAX CONSULTATION REQUEST

- M.D. Requested:**
- Richard A. Bernstein, M.D.**
Adult & Pediatric Hand Surgery, Surgery of the Upper Extremity
 - Adriana Blanco, M.D.**
Arthritis and Musculoskeletal Care of the Upper Extremity
 - John F. Irving, M.D.**
Anterior Approach Total Hip, Quadriceps Sparing Total Knee, Revision Total Hip and Knee
 - Christopher B. Lynch, M.D.**
Arthritis Surgery, Total Joint Replacement, Adult Reconstructive Surgery Hip and Knee, Computer Navigated Surgery
 - Alan M. Reznik, M.D.**
Advanced Arthroscopic Surgery, Adult and Pediatric Sports Medicine, Minimally Invasive Knee and Shoulder Cartilage, Ligament and Tendon Repair
 - Glenn S. Russo, M.D.**
Adult and Pediatric Spinal Problems, Spinal Trauma
 - Derek S. Shia, M.D.**
Shoulder and Elbow Sports and Reconstructive Surgery, Anatomic and Reverse Total Shoulder Replacements, Advanced Shoulder and Elbow Arthroscopy, Orthopaedic Trauma
 - Jeeten Singha, DPM, AACFAS**
Reconstructive Foot and Ankle Surgery, Complex Deformity Correction, Sports Injury, Foot and Ankle Arthroscopy, Ligament/Tendon Repair and Fracture Care
 - Shirvinda A. Wijesekera, M.D.**
Adult and Pediatric Surgery of the Spine, Spinal Trauma, Orthopaedic Trauma



COS NOW
ORTHO WALK-IN

***** The Orthopaedic Group is always available for emergency/urgent appointments *****

Patient's Name: _____

DOB: _____ Phone (H) _____ (W) _____

Insurance: _____

Subscriber ID# _____ Group # _____

Insurance referral is required with the plan - from PCP Yes No

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: _____