The Orthopaedic Group, P.C.
Physicians FAX Referral Form

Please fax to (251) 338-8582
or email to: appointments@TheOrthoGroup.com

THE ORTHOPAEDIC GROUP P.C.
Experience. Excellence. Trust.

❒ First Available

❒ Burt F. Taylor, M.D.
❒ William I. Park, III, M.D.
❒ Robert B. McGinley, M.D.
❒ Guy L. Rutledge, III, M.D.
❒ Milton A. Wallace, Jr., M.D.
❒ Ben H. Freeman, M.D.
❒ Thomas M. Barbour, III, M.D.
❒ William I. Park, IV, M.D.
❒ L. Dean Mason, II, M.D.
❒ Robert C. Baird, M.D.
❒ Michael A. Eslava, M.D.

THE MOBILE SPINE CENTER
AT THE ORTHOPAEDIC GROUP, P.C.

❒ First Available

❒ James L. West, III, M.D.
❒ Todd K. Volkman, M.D.
❒ Bendt P. Petersen, III, M.D.
❒ Clinton W. Howard, IV, M.D.

Physical Medicine & Rehabilitation
❒ Chris T. Nichols, M.D.

Sports Medicine Center
AT THE ORTHOPAEDIC GROUP, P.C.

❒ First Available

❒ Stephen B. Cope, M.D.
❒ J. F. McGowin, III, M.D.
❒ J. Michael Cockrell, M.D.
❒ Jeffrey M. Conrad, M.D.
❒ Charles H. Wilson, IV, M.D.
❒ Albert F. Haas, M.D.
❒ Todd D. Engerson, M.D.
❒ Jacob F. Kidder, M.D.
❒ Matthew L. Busbee, M.D.

Location: ❒ Airport Clinic ❒ Springhill Clinic ❒ Foley Clinic ❒ Daphne Clinic ❒ Monroeville Clinic
❒ Gulf Shores Clinic ❒ Grove Hill Clinic ❒ Brewton Clinic ❒ Jackson Clinic ❒ Citronelle Clinic
❒ No Preference

Requested Appointment Day: ❒ Monday ❒ Tuesday ❒ Wednesday ❒ Thursday ❒ Friday ❒ No Preference

Requested Time: ❒ AM _____ ❒ PM _____ ❒ No Preference

We will contact your patient and schedule their appointment.

Referring Physician: _____ Contact Person: _____

Telephone Number: _____

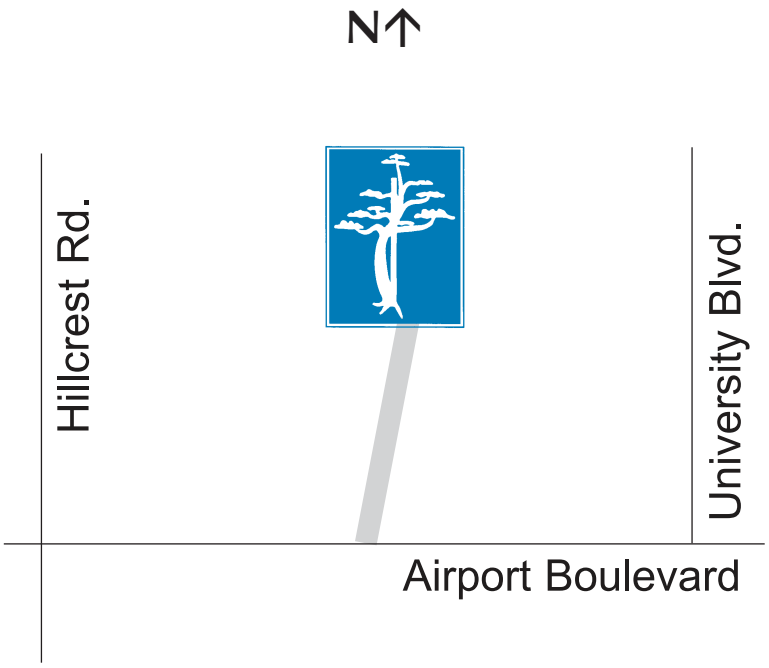
Patient's Name: _____ Date of Birth: _____

Phone Number: Cell: _____ Home: _____ Insurance: _____

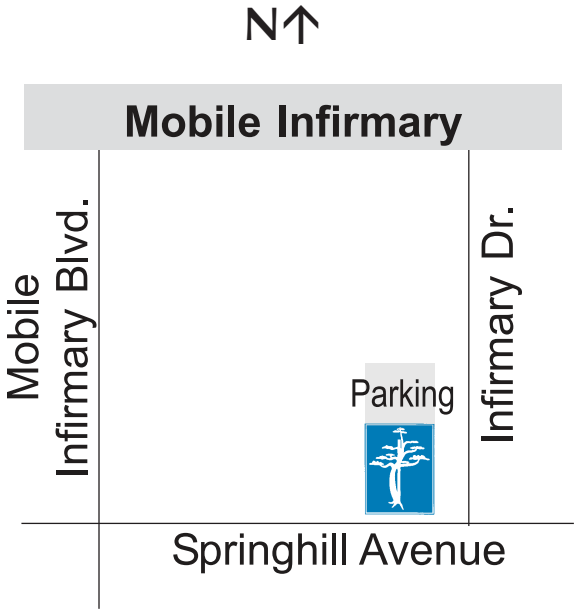
Diagnosis: _____

*** If previous studies exist, please bring films & copy of report(s) to aid in patient evaluation.**

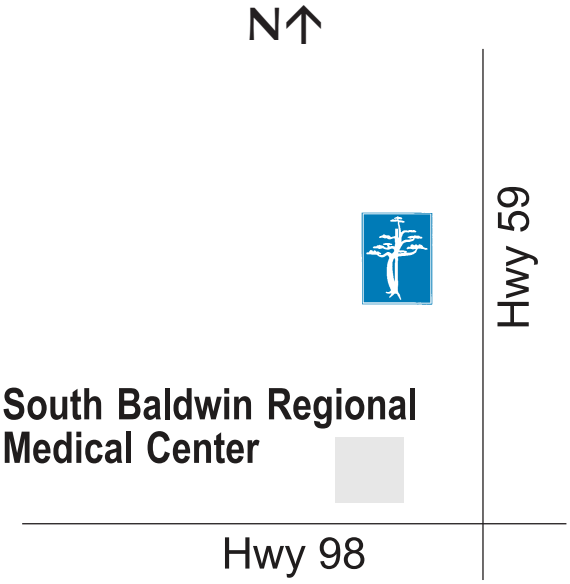
For same day appointment, call our Dedicated Physician Referral Line
(251) 450-1260



6144 Airport Boulevard
Mobile



1720 Springhill Avenue
Suite 100
Mobile



1711 N. McKenzie Street
Foley