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ORTHOPEDIC REFERRAL

PHONE: 985-520-0909 **FAX: 985-882-4501**

❑ Richard P. Texada, Jr., M.D.
Orthopedic Surgery, Sports Medicine

❑ Christopher A Sanchez, M.D.
Orthopedic Surgery

Date: ______________________

Name: ______________________ DOB: ______________________

Phone #: ______________________ Patient SSN: ______________________

Chief Complaint: ______________________

Referring Physician: ______________________

Insurance Carrier: ______________________

PLEASE SEND A COPY OF THE INSURANCE CARD WITH THIS FORM.

Special Instructions: ______________________

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Please fax copy of referral form and any applicable medical records.

Patient should bring MRI and/or films and reports to consult visit.