



ORTHOSOUTH, P.C.

A MERGER OF:

Orthopaedic Institute of Chattanooga • Southern Orthopaedic Foot & Ankle • WellSpring Sports

Inpatient Consultation Request

Date: _____ Time: _____

Patient Name: _____

Hospital (Check One)

Memorial

Erlanger

ParkRidge

Siskin

Healthsouth

TCTCH

NorthPark

Existing Patient (Check One) YES NO

Physician (Check One) Dr. Alvarez Dr. Chandra

Dr. Freeman Dr. Dorizas Dr. Cincere

ER Consult or Inpatient Consult Room# _____

Requesting Physician: _____

Reason for Consult: _____

Extremity Affected: (Check One) Left Right _____

(Check Tests Done) XRAYS CT MRI

Other Tests (list): _____

Hospital Contact Person: _____

Hospital Return Phone Number: _____

Other Comments: _____

Request Taken by(employee): _____

RICHARD ALVAREZ, MD

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- FOOT & ANKLE
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