



# Patient Referral Form

*Please check the specific physician name at the specific location you are requesting for your patient.*

## **BAPTIST BEACHES – FAX 241.7331**

1577 Roberts Dr., Ste. 225, Jax. Beach, FL 32250 – Patient Scheduling 241.1204

\_\_\_ **Timothy R. Hastings, MD** – Sports Medicine,  
Joint Replacement, Foot & Ankle, Spine, Hand

\_\_\_ **Steven J. Lancaster, MD** – Sports Medicine,  
Joint Replacement, Foot & Ankle, Hand

\_\_\_ **M. John Von Thron, MD** – Sports Medicine,  
Joint Replacement, Foot & Ankle, Hand

\_\_\_ **Dale A. Whitaker, MD** – Sports Medicine, Joint Replacement,  
Foot & Ankle, Hand

\_\_\_ **Edward D. Young, MD** – Sports Medicine, Joint Replacement,  
Foot & Ankle, Hand

## **BAPTIST SOUTH – FAX 880.1210**

14540 Old St. Augustine Rd., Ste. 2201, Jax., FL 32258 – Patient Scheduling 880.1260

\_\_\_ **Brandon Kambach, MD** – Spine

\_\_\_ **Gregory C. Keller, MD** – Spine, Sports Medicine,  
Joint Replacement

\_\_\_ **Garry S. Kitay, MD** – Hand, Joint Replacement,  
Sports Medicine

\_\_\_ **Jennifer L.M. Manuel, MD** – Hand

\_\_\_ **Richard A. Picerno II, MD** – Sports Medicine, Joint Replacement

\_\_\_ **Robert G. Savarese, DO** – Physical Medicine & Rehabilitation –  
Spine Team

\_\_\_ **Gregory Solis, MD** – Foot & Ankle, Sports Medicine

\_\_\_ **Bruce Steinberg, MD** – Hand, Joint Replacement,  
Sports Medicine

## **ORANGE PARK/CLAY COUNTY – FAX 276.5958**

1845 Town Center Blvd., Ste. 405, Fleming Island, FL 32003 – Patient Scheduling 276.5776

\_\_\_ **Aaron Michael Bates, MD** – Joint Replacement,  
Sports Medicine

\_\_\_ **Richard R. Grimsley, MD** – Joint Replacement, Sports Medicine

\_\_\_ **Patrick M.J. Hutton, MD** – Sports Medicine

## **RIVERSIDE – FAX 388.9644**

2 Shircliff Way, DePaul Bldg., Ste. 300, Jax. FL 32204 – Patient Scheduling 388.1400

\_\_\_ **Stephen J. Augustine, DO** – Joint Replacement,  
Sports Medicine

\_\_\_ **Sunday U. Ero, MD** – Spine

\_\_\_ **Richard R. Grimsley, MD** – Joint Replacement

\_\_\_ **Stanton L. Longenecker, MD** – Joint Replacement, Sports Medicine

\_\_\_ **H. Lynn Norman, MD** – Sports Medicine, Joint Replacement

## **SAN MARCO – FAX 399.1819**

1325 San Marco Blvd., Ste. 200, Jax., FL 32207 – Patient Scheduling 858.6400

\_\_\_ **Hiram Carrasquillo, MD** – Foot & Ankle,  
Sports Medicine

\_\_\_ **Steven M. Crenshaw, MD** – Sports Medicine,  
Joint Replacement

\_\_\_ **David A. Doward, MD** – Physical Medicine &  
Rehabilitation – Spine Team, Sports Medicine

\_\_\_ **Philip R. Hardy, MD** – Sports Medicine,  
Joint Replacement

\_\_\_ **Kevin Michael Kaplan, MD** – Sports Medicine,  
Joint Replacement

\_\_\_ **Gregory C. Keller, MD** – Spine, Joint Replacement,  
Sports Medicine

\_\_\_ **Gary S. Kitay, MD** – Hand, Joint Replacement, Sports Medicine

\_\_\_ **R. Stephen Lucie, MD** – Sports Medicine, Joint Replacement

\_\_\_ **Jennifer L.M. Manuel, MD** – Hand

\_\_\_ **William G. Pujadas, MD** – Joint Replacement, Spine, Sports Medicine

\_\_\_ **Robert G. Savarese, DO** – Physical Medicine & Rehabilitation  
Spine Team

\_\_\_ **Michael S. Scharf, MD** – Spine, Joint Replacement

\_\_\_ **Bruce Steinberg, MD** – Hand, Joint Replacement, Sports Medicine

\_\_\_ **Carlos R. Tandron, MD** – Sports Medicine, Joint Replacement

## **UNIVERSITY – FAX 448.1416**

5737 Barnhill Drive, Suite 102 – Jax., FL 32207 – Patient Scheduling 739.3319

\_\_\_ **Robert J. Kleinhans, MD** – Hand,  
Joint Replacement, Sports Medicine

\_\_\_ **Maxwell Steel III, MD** – Sports Medicine, Foot & Ankle,  
Joint Replacement



**NOTE: FAX *only* this page to us, please!**

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

**PROVIDER INFORMATION**

Name of Referring Provider \_\_\_\_\_ requests the patient below be seen for an orthopaedic consultation.

JOI Dr. (*requested*) \_\_\_\_\_

at (*check one*)  Baptist Beaches  Baptist South  Orange Park / Clay County  Riverside  San Marco  University

**PATIENT INFORMATION**

Patient Name \_\_\_\_\_ Date of Birth \_\_\_-\_\_\_-\_\_\_ SS # \_\_\_-\_\_\_-\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sex  M  F Home Phone \_\_\_-\_\_\_-\_\_\_ Work Phone \_\_\_-\_\_\_-\_\_\_ Cell Phone \_\_\_-\_\_\_-\_\_\_

Diagnosis/Symptoms \_\_\_\_\_

**Is this request STAT?** If *yes*, please FAX this form to the appropriate office, and *call* same office ASAP!

Referring Physician Contact \_\_\_\_\_ Direct Phone \_\_\_-\_\_\_-\_\_\_ FAX \_\_\_-\_\_\_-\_\_\_

**INSURANCE INFORMATION**

Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_ Member # \_\_\_\_\_ Group # \_\_\_\_\_

Name of Insured \_\_\_\_\_ Insured's Date of Birth \_\_\_-\_\_\_-\_\_\_ Expiration Date \_\_\_-\_\_\_-\_\_\_

*If applicable, please check:*  Motor Vehicle Accident  Workers' Comp

Date of Accident/Injury \_\_\_-\_\_\_-\_\_\_ Claim # \_\_\_\_\_

**Once this FAX is received by the JOI Scheduler, he/she will call the patient and schedule the appointment, complete the appointment information below, and FAX it back to you at the fax you listed above.**

**JOI Staff, Only**

Patient Appointment Date \_\_\_-\_\_\_-\_\_\_ Time: \_\_\_ am \_\_\_ pm JOI Physician \_\_\_\_\_

Physician Location \_\_\_\_\_ Scheduled by \_\_\_\_\_ Date Scheduled & FAXed \_\_\_-\_\_\_-\_\_\_

For questions or to order more of these forms, please call the JOI Patient Scheduling number(s) as listed on the front of this form.

Thank you!

[www.joionline.net](http://www.joionline.net)