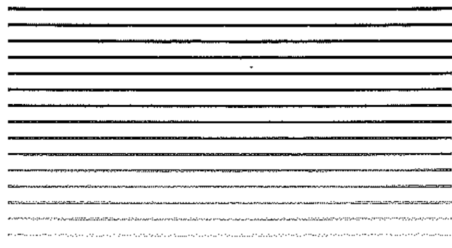
**WestSound Orthopaedics, PS**

4409 NW Anderson Hill Rd.
Silverdale, WA 98383
Phone: (360) 698-6630
**Fax: (360) 692-6806**
www.westsoundortho.com



## CLINICS

SILVERDALE
(360) 698-6630
4409 NW Anderson Hill Road
Silverdale, WA 98383

PORT ORCHARD
(at Sound Healthcare Center)
(360) 698-6630 (Scheduling)
463 Tremont Street W, Suite 200
Port Orchard, WA 98366

PORT TOWNSEND
(at Jefferson Healthcare)
(360) 698-6630
834 Sheridan Street
Port Townsend, WA 98368

BAINBRIDGE ISLAND
(at Bainbridge Harrison)
(360) 698-6630 (Scheduling)
(206) 855-7510 (Clinic)
8804 Madison Ave N.
Bainbridge Island, WA 98110

# REFERRAL FOR EVALUATION AND TREATMENT

We appreciate your referral to our clinic. Please fill out this referral form completely and include ***ALL*** the following information so we may expedite the referral process and we will call the patient to schedule.

- ☐ PATIENT DEMOGRAPHICS (Please include the patient's date of birth, phone number, mailing address, and insurance information, PCP, and email address.)
- ☐ ALL IMAGING REPORTS (MRI, X-RAY, ETC.)
- ☐ MOST RECENT CHART NOTES
- ☐ UPDATED MEDICATION LIST
- ☐ COPY OF INSURANCE CARDS (FRONT AND BACK)

*The following insurances must have authorizations attached with the referral: Group Health, Tricare Prime, and VA.

*All Medicaid referrals (DSHS, Molina, CHPW, Amerigroup, UHC Community Plan, and Coordinated Care) will be put through our review process. This can take several days. (Must come from PCP or ER/UC through Harrison Medical Center)

Referring Physician: ______________________

Contact at referring office: ______________________

Referring office phone number: ______________ Fax: ______________

Patient's Name: ______________________ DOB: ______________

Is this a work injury: ☐ YES or ☐ NO DOI: ______________

**REASON FOR REFERRAL (Please check appropriate boxes):**

- ☐ EVAL AND TREAT
- ☐ SECOND OPINION
- ☐ TRANSFER OF CARE
- ☐ ROUTINE
- ☐ URGENT

*If Urgent, can patient see a PA?* ☐ *Y or* ☐ *N*

BODY PART ______________________ SIDE: R or L

PATIENT REFERRED TO:

- ☐ Dr. Dawson Brown
- ☐ Dr. Gregory Duff
- ☐ Dr. Stacee Kessinger
- ☐ Dr. Kenneth Koskella
- ☐ Dr. Erin Moyer
- ☐ Dr. Marc Suffis
- ☐ Dr. Watters

ADDITIONAL NOTES: ______________________

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