

Musculoskeletal Institute of Louisiana
Orthopedic Specialists of Louisiana • Pain Care Consultants

Thank you for calling Orthopedic Specialist of Louisiana for an appointment for your

Patient: _____ DOB: _____

Please check the box below for the type of appointment you are requesting,

Consultation

Referral

Please check the physician you would like your patient to see: 1st Available

- | | |
|--|---|
| <input type="checkbox"/> Michael T. Acurio, M.D. (Bossier) | <input type="checkbox"/> Val Irion, M.D. (Bossier & Shreveport) |
| <input type="checkbox"/> Steven M. Atchison, M.D. (Bossier & Shreveport) | <input type="checkbox"/> James S. Lillich, M.D. (Shreveport) |
| <input type="checkbox"/> Ellis O. Cooper III, M.D. (Shreveport) | <input type="checkbox"/> Charles Lobrano, M.D. (Bossier & Shreveport) |
| <input type="checkbox"/> Stephen L. Cox, M.D. (Bossier & Shreveport) | <input type="checkbox"/> Marion E. Milstead, M.D. (Shreveport) |
| <input type="checkbox"/> David Googe, M.D. (Shreveport) | <input type="checkbox"/> Andrew Patton, M.D. (Bossier & Shreveport) |
| <input type="checkbox"/> J. Marshall Haynie, M.D. (Bossier & Shreveport) | |

Please indicate below the condition(s) you would like us to evaluate/treat:

(Please do not leave blank)

Requesting Provider's Original Signature

Date

Please Print Requesting Provider's Name

Phone #

Address

City, State, Zip

THE FOLLOWING ITEMS MUST BE INCLUDED TO PREVENT DELAY IN SCHEDULING:

- 1. Patient Demographics**
- 2. Insurance Information**
- 3. Last Office Visit Note**
- 4. Recent MRI and/or X-Ray Reports**

FAX COMPLETED FORM TO
318-629-5163

Note: Please keep a copy for the patient's record.