

## **New Patient Referral**

Ronald Castonguay, MD
Orthopaedic Surgeon

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Patient Name:		
Home Phone:	_ Cell Phone:	
Insurance:		
Diagnosis:		
Appointment Needed:		
Routine		
ASAP		
Referring MD:		Phone:
Office Contact Name:		Fax:
Diagnostic Testing Type:		Facility:

## **REQUIRED PATIENT INFORMATION:**

✓ MOST RECENT CHART NOTES: MUST INCLUDE BMI
✓ MRI/CT/X-RAY DONE IN THE LAST 6 MONTHS
\*MUST HAND CARRY X-RAY/MRI CD TO APPOINTMENT\*

✓ INSURANCE CARD(S)
✓ INSURANCE AUTHORIZATION W/

CPT CODE: 99204 X 1 AND 99214 X 3