

Referral Form

Fax Number: (702) 734-4901

Workers' Compensation

Fax Number: (702) 734-4902

Appointment Line: (702) 731-4088



**DESERT
ORTHOPAEDIC
CENTER**

Experience. Excellence.

Please select an option below to schedule an appointment with Desert Orthopaedic Center.

Patient: Please call our office at (702) 731-4088 to schedule your appointment with one of our doctors.

Referring Physician: Please complete the section below, and fax this form to (702) 734-4901. When your fax is received, a representative from Desert Orthopaedic Center will contact your patient directly to schedule an appointment.

Patient Name: _____ Patient Date of Birth: _____

Patient Phone Number: _____ Patient Email Address: _____

Patient Address: _____

Symptoms/Diagnosis: _____

How did this injury occur: N/A Workers' Compensation Other: _____

Patient has completed: Digital X-Ray MRI EMG X-Rays Cast/Splint Applied

Referred By: _____

Referring Physician Phone Number: _____ Referring Physician Fax Number: _____

Appointment Time Frame: Urgent Within _____ Weeks Nonurgent

Records Attached: Yes No

Billing Information: Insurance Name: _____ Policy/Claim Number: _____

Our Doctors

- | | |
|--|---|
| <input type="checkbox"/> John M. Baldauf, M.D. | <input type="checkbox"/> Russell T. Nevins, M.D. |
| <input type="checkbox"/> Hugh L. Bassewitz, M.D. | <input type="checkbox"/> Steven K. Nishiyama, D.O., Ph.D. |
| <input type="checkbox"/> Thomas Dunn, M.D. | <input type="checkbox"/> S. Andrew Park, M.D. |
| <input type="checkbox"/> Roger A. Fontes, M.D. | <input type="checkbox"/> Archie C. Perry, Jr., M.D. |
| <input type="checkbox"/> Matthew N. Fouse, M.D. | <input type="checkbox"/> Abdi Raissi, M.D. |
| <input type="checkbox"/> Chad M. Hanson, M.D. | <input type="checkbox"/> William A. Rosenberg, M.D. |
| <input type="checkbox"/> Lawrence R. Huff, M.D. | <input type="checkbox"/> Walter J. Song, M.D. |
| <input type="checkbox"/> Parminder S. Kang, M.D. | <input type="checkbox"/> William T. Stewart, M.D. |
| <input type="checkbox"/> Andrew B. Kim, D.O. | <input type="checkbox"/> Timothy B. Sutherland, M.D. |
| <input type="checkbox"/> Daniel D. Lee, M.D. | <input type="checkbox"/> Craig T. Tingey, M.D. |
| <input type="checkbox"/> Michael L. Lee, M.D. | <input type="checkbox"/> Troy S. Watson, M.D. |
| <input type="checkbox"/> Michael Miao, M.D. | <input type="checkbox"/> Richard P. Winder, M.D. |

Our Locations

- Central**
2800 East Desert Inn Road, Suite 100
Las Vegas, NV 89121
- Northwest**
8402 West Centennial Parkway
Las Vegas, NV 89149
- Southwest**
8205 West Warm Springs Road, Suite 250
Las Vegas, NV 89113
- Henderson**
2930 West Horizon Ridge Parkway, Suite 100
Henderson, NV 89052

	Ankle	Back	Elbow	Foot	Hand	Hip	Joint Replacement	Knee	Neck	Pain Management	Pediatric Orthopaedics	PM&R	Primary Care Sports Medicine	Shoulder	Spine	Sports Medicine	Trauma	Wrist	Central	Northwest	Southwest	Henderson
Baldauf						•	•	•						•		•			•	•	•	•
Bassewitz		•							•						•	•			•		•	
Dunn		•							•						•	•			•	•	•	
Fontes	•		•	•		•	•	•			•			•		•	•	•	•	•	•	•
Fouse								•						•		•			•	•	•	
Hanson			•			•	•	•						•		•	•			•	•	•
Huff			•				•	•								•	•	•	•	•	•	
Kang						•	•	•					•			•	•		•	•	•	
Kim										•		•							•		•	•
D. Lee		•							•		•				•	•	•		•	•	•	
M. Lee			•		•						•						•	•	•	•		•
Miao			•					•						•		•			•		•	•
Nevins						•	•	•											•	•	•	
Nishiyama						•	•	•								•	•		•	•	•	
Park										•										•		
Perry		•							•		•				•	•			•	•	•	
Raissi	•			•												•			•	•	•	
Rosenberg													•						•		•	•
Song			•		•									•		•	•	•	•	•	•	
Stewart			•		•			•						•		•		•	•	•	•	•
Sutherland								•						•		•			•	•	•	
Tingey						•	•	•						•		•				•	•	
Watson	•			•							•					•	•		•		•	•
Winder			•			•	•	•						•		•	•		•	•	•	•