



**ORTHOWASHINGTON**

# Physician Referral Form

## Orthopedics Surgery

Orthopedic Surgeon:  Dr. Jason Boyer  Dr. Kirk Lorimer (Foot & Ankle)  Dr. Kenneth Nwosu

**Kirkland**

13115 121<sup>st</sup> Way NE, Suite C  
Kirkland WA, 98034  
P: (425) 820-1221  
F: (425) 821-9362

**Bellevue**

1310 116<sup>th</sup> Ave NE, Suite A  
Bellevue WA, 98004  
P: (425) 820-1221  
F: (425) 821-9362

Please include demographics, insurance cards (front/back), if L&I/MVA: Need claim #, DOI, claims manager name & phone number, last 3 chart notes to include most recent H&P, medication list, any diagnostic reports for last 2 years.  
(Ex: MRI, CT scan, EMG, op-reports, injections, Physical Therapy and Chiropractic notes)

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Referring Physician Phone Fax

**Patient & Insurance Information**

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Last Name First Name MI DOB

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Address City State Zip

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Home Phone Cell Phone

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Insurance Company Subscriber ID or Claim Number DOI (If Worker's Comp)

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Insurance Billing Address City State Zip

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Phone Fax

Services

- Surgical Consult
- Evaluation & Treatment
- Joint Injection
- Other: \_\_\_\_\_

Follow-Up Care

- I would like to see this patient at a follow-up appointment after any procedure.
  - I am referring the patient to you for long term care.
- Urgency of appointment:  Routine  Urgent

**Diagnosis & Identified Location:**

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