Pediatric Orthopedic Surgery

Office of:

Dr. Philip Ashley	**Dr. Matthew Hess**	**Mandy Brooks, NP**
Dr. Michael Conklin	**Dr. Shane Strom**	**Deanna Langhout, NP**
Dr. John Scott Doyle	**Dr. William Garth**	**Mallory Myers, PA**
Dr. Shawn Gilbert	**Dr. Kevin Williams**	**Anna Stephens, NP**
Dr. Erin Ransom	**Dr. Sara Gould**	

Thank you for your referral to our specialty clinic. We are looking forward to caring for your patient. To secure an appointment, please provide the following documentation. Kindly fax the relevant information to us:

___ Specific Reason for visit/Specific Diagnosis (no ICD 10 codes)
___ All X-Rays
___ All Labs
___ All Clinic Notes
___ Demographic and Insurance information
___ If 2nd Opinion, please send **ALL Documentation** from previous Physician
___ Please send Alabama Medicaid referral with **VALID** EPSDT screening date

Please note: If we are unable to reach the patient's family after three phone attempts, we will notify your office that we were unsuccessful in reaching the family to make an appointment. To schedule, the family will need to contact our office at 205-638-3373.

Patient Name: _____

DOB: _____

Contact info provided: _____

Thanks,
Office of Children's of Alabama Orthopedics

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