Work Comp Appointment Form

ADVANCED ORTHOPAEDIC ASSOCIATES, P.A.
2778 N. Webb, Wichita, KS 67226
(316) 631-1600
www.aoaortho.com

Fax to AOA: (316) 631-1698
All info must be completed before appointment can be scheduled.

AOA Physician Requested:

Fanning (Foot & Ankle) Gwyn(Hand) Hearon (Wrist, Elbow, Shoulder) Jansson (Knees) Morris (Upper Extremity)
Pappademos (Joints –Knee & Hip) Prohaska (Shoulder/Knees) Shields (Foot & Ankle, Knees) No Preference-1st Available

Patient Name	Pt Phone #	DOB
Patient Address	Patient SS #	
Employer	Employer Phone #	
Employer Address	Employer Fax #	
Work Comp Insurance Co.	Ins Phone #	Ins Fax #
Insurance Co. Address	Adjuster Name & Phone #	
Claim to be Filed with: □ Employer □ Insurance Company □ PRISM	Claim #	
Appointment Scheduled by: (Name/Title)	Phone #	
Person Giving Verbal Authorization: □ Employer □ Insurance Company	Referring Physician	
Nurse Case Manager	Case Mgr Phone #	Case Mgr Fax #
What Part of Body to be Treated:	Date of Injury:	

Has Patient Had Surgery? □ No □ Yes By Whom?

List any other previous treating physician:

Attorney Involved? □ No □ Yes Attorney Name:

Comments: □ Consult* □ Evaluate/Treat □ 2nd Opinion* □ IME*

*Records/Studies may need to be sent to AOA prior to scheduling appointment

Fax Appointment Date Confirm to:

To be Completed by AOA:

Emergent/Urgent: Route to Nurse: _____ _____
Initials Date

Dr. _____

Appointment Date: _____

Entered by:_____ Date:_____ Chart No._____

AO-3810 From Revised 10/2006