



L.A. Orthopedic Institute

Edward J. McPherson, M.D., F.A.C.S, F.A.C.G.S.

LOS ANGELES OFFICE
201 South Alvarado Street, Suite 501
Los Angeles, California 90057
TEL 213.207.5660 FAX 213.207.5626
www.laoi.org

RIDGECREST OFFICE
540 Perdew Street, Suite D
Ridgecrest, CA 93555
TEL 760.446.6152 FAX 760.446.0729

REQUEST FOR CONSULTATION RECORD

PATIENT NAME: _____

WAS THIS CONSULTATION REQUESTED BY ANOTHER PHYSICIAN?
() YES () NO

IF NO, BY WHOM WERE YOU REFERRED? _____

IF THIS CONSULTATION WAS REQUESTED BY ANOTHER PHYSICIAN, PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION:

NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

PLEASE PROVIDE INFORMATION ON YOUR PRIMARY CARE PHYSICIAN:

NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____