



Benton Franklin Orthopedic Associates

Referral Form

FAX: 509-586-2525 EMAIL: referrals@bfsa.com

Location: 8200 W Gage Blvd Kennewick, WA 99336

Phone: 509-586-2828

From: _____ Date: _____

Referring To:		
_____ Next Available Appointment	_____ Christopher Kontogianis, MD	_____ David Fischer, MD
_____ Michael Sherfey, DO	_____ Stephen Dechter, DO	_____ Derrick McKay, DPM
_____ Joshua Dworkin, MD	_____ Andres Garcia, PA-C	

Patient Information:					
Last Name	First	MI	DOB / /	Sex	Telephone
Street Address			City	State	Zip Code
Primary Insurance			Policy Number	DOI	
Secondary Insurance			Policy Number	Claim #	

Referring Provider Information:				
Provider Name	Street Address	City	State	Zip Code
Phone	Fax			
Reason for Referral: _____				
Choose One:	Consultation	Consultation & Treatment	Transferring Care	

Information to be sent with referral:	
Patient Demographic Sheet	List of current medications
Copies of patient's insurance card (both sides)	Most recent clinical notes
Current diagnostic testing work-up and radiology reports on patient	

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