



Your Health ~ Our Mission

THE SAN ANTONIO ORTHOPAEDIC GROUP®

Since 1947

Worker's Compensation Patient Referral

FIRST AVAILABLE / URGENT

GENERAL ORTHOPAEDICS:

- Ronald W. Connor, M.D.
- Frank J. Garcia, M.D.
- Alan E. Hibberd, M.D.
- Richard L. Ursone, M.D.
- Daniel C. Valdez, M.D.*
- Sergio Viroslav, M.D.

HAND AND WRIST:

- Stephen C. Drukker, M.D.
- Paul D. Pace, M.D.
- Alexander S. Rowland, M.D.
- Christian A. Woodbury, M.D.

SPORTS MEDICINE:

- B. Christian Balldin, M.D.
- S. Josh Bell, M.D.*
- Stephen S. Burkhart, M.D.
- Thomas M. DeBerardino, M.D.
- Robert U. Hartzler, M.D.
- Bryan W. Kaiser, M.D.
- G. Lane Naugher, M.D.
- Eloy Ochoa, Jr., M.D.
- Casey D. Taber, M.D.
- Brad S. Tolin, M.D.

PODIATRY:

- David Hughes, D.P.M.
- Jessica Rutstein, D.P.M.

FOOT AND ANKLE:

- Marvin R. Brown, M.D.
- Kevin L. Kirk, D.O.
- Randall C. Marx, M.D.

SPINE:

- Adewale O. Adeniran, M.D.
- Jonathan S. Duncan, M.D.
- Frank J. Garcia, M.D.

PAIN MANAGEMENT:

- Naumit "Neel" S. Bhandari, M.D.
- Ephraim K. Brenman, D.O.

Preferred Office Location: Quarry Stone Oak Medical Center Westover Hills Southeast Schertz New Braunfels

Reason for Appointment (select one):

- Treatment
- Consultation Only
- Referred Impairment Rating (*Denotes physicians who perform impairment ratings)

Clinic Name:

Treating/Referring Doctor:

Address:

Phone #:

Referral Contact Name:

Patient:

DOB: __/__/____ M F

SS#:

Address:

City:

State:

Zip:

Home #:

Alternate #:

INJURIES REPORTED:

Date of Injury: __/__/____

Is this claim currently under dispute? Yes _____ No

Compensable and treating Diagnosis:

Employer:

Address:

Contact:

Phone #:

Fax #:

Insurance Carrier:

Address:

Contact:

Phone #:

Fax #:

Claim #:

Network:

Adjuster:

Preauthorization Phone & Fax #:

Phone #:

Fax#:

Send Claims to: Insurance Employer