



FAST TRACK SCHEDULING
Direct Fax: (916) 800-7540

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ORTHOPEDIC SURGEON
5255 Elkhorn Blvd.
Sacramento, CA 95842
Phone: (916) 281-2255

ORTHOPEDIC SPECIALTY REFERRAL

Date: _____

Type of Service Requested: Orthopedic Consultation Follow up Surgical Consul
 Other (please specify): _____
Reason for Referral: _____
Diagnosis/ ICD: _____
Service/Specialty Requested: _____

REFERRING PROVIDER INFORMATION:

Referred by (MD): _____ Medical Group: _____
Phone: _____ Fax: _____ PCP: _____
Address: _____ City: _____ Zip: _____
This form completed by: _____ Phone: _____

PATIENT INFORMATION (Please provide copy of patient demographics/face sheet):

Last Name: _____ First Name: _____ MI: _____
DOB: _____ Phone: _____ Female / Male
Address: _____
City/ Zip: _____
Insurance: W/C Lien Medpay PPO Other
Attorney Name: _____ Phone: _____ Fax: _____
Primary Insurance: _____ ID #: _____ Group #: _____
Work Comp Carrier _____ Claim #: _____ Date of Injury: _____
WC Adjuster: _____ Phone #: _____ Fax #: _____

Needs interpreter? No/ Yes: Language _____

DOCUMENTATION REQUIRED (Please fax with this form):

- Recent/relevant typed clinical notes/test results, I.e. history & physical, MRI/Ct/X-rays results
- Proof of insurance
- Authorization information (if required)

Allmed Howe

701 Howe Ave, Suite C
Sacramento, CA 95825
Phone: (916) 972-1100
Fax: (916) 800-7540

Allmed Elkhorn

5255 Elkhorn Blvd
Sacramento, CA 95842
Phone: (916) 334-1100
Fax: (916) 800-7540

Allmed Sunrise

2485 Sunrise Blvd Suite A
Rancho Cordova, CA 95670
Phone: (916) 281-2251
Fax: (916) 800-7540

Allmed Rio Linda

2469 Rio Linda Blvd
Sacramento, CA 95815
Phone: (916) 468-1100
Fax: (916) 800-7540

Allmed Fair Oaks

6600 Mercy Court, Suite 260
Fair Oaks, CA 95628
Phone: (916) 545-6001
Fax: (916) 800-7540

Allmed Roseville

729 Sunrise Ave, Suite 607
Roseville, CA 95661
Phone: (916) 755-0050
Fax: (916) 800-7540