



Appalachian Orthopedics

SPECIALIZED CARE YOU CAN TRUST

Please select an option below to schedule an appointment with Appalachian Orthopedics.

- Patient: Please call the office where you would like to schedule your appointment with one of our doctors.
- Referring Physician: Please complete the section below, and fax this form to the office where your patient would like to be seen. When your fax is received, a representative from Appalachian Orthopedics will contact your patient directly to schedule an appointment.

Patient Name: _____ Date of Birth: _____

Patient Phone Number: _____ Patient Email Address: _____

Patient Address: _____

Symptoms/Diagnosis: _____

How Did This Injury Occur: N/A Workers' Compensation Other: _____

Patient Has Completed: Digital X-Ray MRI EMG X-Rays Cast/Splint Applied

Referred By: _____

Referring Physician Phone Number: _____ Referring Physician Fax Number: _____

Referred To: _____

Appointment Time Frame: Urgent Within ____ Weeks Nonurgent

Records Attached: Yes No

Our Doctors

- | | | |
|---|--|---|
| <input type="checkbox"/> Jason Brashear, M.D. | <input type="checkbox"/> Matthew Lamagna, D.O. | <input type="checkbox"/> Samuel Straus, D.P.M. |
| <input type="checkbox"/> Jonathan Clark, M.D. | <input type="checkbox"/> John Mann III, M.D. | <input type="checkbox"/> Phillip Sussman, D.O. |
| <input type="checkbox"/> James Goss, M.D. | <input type="checkbox"/> Bart McKinney, M.D. | <input type="checkbox"/> Larry Waldrop II, M.D. |
| <input type="checkbox"/> John Holbrook, M.D. | <input type="checkbox"/> John Phillips, M.D. | <input type="checkbox"/> T. Lisle Whitman, M.D. |
| <input type="checkbox"/> Gabriel Hommel, M.D. | <input type="checkbox"/> Alexander Rothy, M.D. | |

Our Locations

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Abingdon
16000 Johnston Memorial Drive
Suite 100
Abingdon, VA 24211
Phone: (276) 477-1443
Fax: (276) 477-1441 | <input type="checkbox"/> Bristol Regional
Medical Center
1 Medical Park Boulevard
Suite 300 E
Bristol, TN 37620
Phone: (423) 844-6450
Fax: (423) 844-6499 | <input type="checkbox"/> Elizabethton
1500 West Elk Avenue
Elizabethton, TN 37643
Phone: (423) 518-1670 | <input type="checkbox"/> Johnson City
3 Professional Park Drive
Suite 21
Johnson City, TN 37604
Phone: (423) 434-6300
Fax: (423) 434-6312 |
|--|---|---|---|

	Ankle	Back, Neck & Spine	Elbow	Foot	Hand	Hip	Joint Replacement	Knee	Physical Medicine	Podiatry	Shoulder	Sports Medicine	Wrist	Abingdon	Bristol – Hospital	Elizabethton	Johnson City
Brashear	•	•	•	•	•	•	•			•	•	•					•
Clark	•	•	•		•	•	•			•	•	•		•			
Goss	•	•		•	•	•	•			•	•	•			•	•	
Holbrook		•		•								•					•
Hommel	•	•	•	•	•	•	•			•	•	•		•			
Lamagna		•	•					•		•	•						•
Mann					•	•	•			•			•				
McKinney	•	•		•			•			•	•						•
Phillips	•	•	•	•	•	•	•			•	•	•		•			
Rothy					•	•	•								•	•	
Straus	•		•					•		•					•	•	
Sussman					•	•	•			•	•		•				
Waldrop	•	•		•	•	•	•			•	•	•					•
Whitman	•	•	•	•	•	•	•			•	•	•		•			