New Patient
Orthopaedic and Spinal Surgery

Date: ____________________________________________

Patient Information

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Date of Birth</th>
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<tbody>
<tr>
<td>Home Phone</td>
<td>Cell Phone</td>
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</tbody>
</table>

Reason for Referral (Check all that apply)

**SPINE**
- Cervical
- Thoracic
- Lumbar

**UPPER EXTREMITY/HAND**
- Shoulder
- Elbow
- Hand and wrist

**FRACTURE CARE**
- Acute fracture (if urgent, please call 714-456-7012)
- Malunion
- Non-union

**JOINT REPLACEMENT**
- Hip
- Knee
- Shoulder
- Elbow
- Ankle

**COMPREHENSIVE HIP CARE**
- Labral tear
- Arthritis
- Avascular necrosis
- Dysplasia/Peri-acetabular osteotomy evaluation

**SPORTS MEDICINE**
- Shoulder
- Knee
- Hip

**FOOT AND ANKLE**
- Diagnosis

**ONCOLOGY**
- Bone tumor/mass
- Soft tissue tumor/mass
- Metastatic bone disease

Diagnosis

Preferred Physician: (if any, please see reverse for a full physician roster) ____________________________________________

Refferring Physician: ____________________________________________

<table>
<thead>
<tr>
<th>Physician Name/Group</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Address</td>
<td>Fax</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Email</td>
<td>Preferred Method of Communication</td>
</tr>
</tbody>
</table>

Preferred Method of Communication
- Phone
- Email
- Fax
- Letter

Our team works with referring physicians to coordinate care and ensure timely communication regarding the status of your patient. Physician communication by mobile phone is available. **It is our goal to return patients to your care as quickly as possible.**

Please fax completed form to 714-509-2168 with a copy of the patient’s insurance card (front and back) and clinical records.
Our team

Nitin N. Bhatia, MD
Complex spine surgery

Ranjan Gupta, MD
Shoulder, elbow and hand surgery

Andrew R. Hsu, MD
Foot and ankle surgery

Neil F. Jones, MD
Hand surgery and reconstructive microsurgery

P. Douglas Kiester, MD
Complex spine surgery

James R. Learned, MD
Fracture care and hip preservation

Yu-Po Lee, MD
Complex spine surgery

William C. McMaster, MD
Hip and knee arthroplasty

John A. Scolaro, MD
Trauma and fracture care

David H. So, MD
Hip and knee replacement

Russell Stitzlein, MD
Oncology, sarcomas, tumors

Martin C. Tynan, MD
Trauma

Dean Wang, MD
Sports medicine

Contact Us

For more information or to make an appointment, call 714-456-7012.

Locations

UC Irvine Medical Center
101 The City Dr. South
Pavilion 3
Orange, CA 92868
Phone: 714-456-7012
Fax: 714-456-8711

UCI Health Orthopaedic & Sports Medicine Center
Pacific Medical Plaza
1640 Newport Blvd., Suite 230
Costa Mesa, CA 92627
Phone: 714-456-7012
Fax: 949-631-3860

ucihealth.org/ortho