



CORPORATE MEDICAL PLAZA  
BUILDING #1  
10701 NALL AVE., SUITE 200  
OVERLAND PARK, KS 66211

LEE'S SUMMIT OFFICE  
3151 NE CARNEGIE DR.  
SUITE B  
LEE'S SUMMIT, MO 64064

## FAX REFERRAL

**ATTENTION:** Scheduling & Insurance Departments  
**TELEPHONE:** 913-381-5225, option 2  
**FAX:** 913-901-0186

*specializing in*  
GENERAL ORTHOPAEDICS  
TOTAL JOINT SURGERY  
UPPER EXTREMITY SURGERY  
LOWER EXTREMITY SURGERY  
SPORTS MEDICINE

- ROBERT P. BRUCE, M.D.
- THOMAS S. SAMUELSON, M.D.
- GERALD R. MCNAMARA, M.D.
- JEFFREY W. SALIN, D.O.
- J. CLINTON WALKER, M.D.
- SUZANNE G. ELTON, M.D.
- MICHAEL J. LATTEIER, M.D.
- JOHN S. BLEAZARD, D.O.
- STEPHEN V. HIATT, M.D.
- MICHAEL G. AZZAM, M.D.

MICROVASCULAR SURGERY  
SURGERY OF THE HAND

- J. CLINTON WALKER, M.D.
- SUZANNE G. ELTON, M.D.
- STEPHEN V. HIATT, M.D.

PHYSICAL MEDICINE AND  
REHABILITATION

- ATUL T. PATEL, M.D.

EMERITUS

- HOWARD J. ELLFELDT, M.D.
- JAMES H. WHITAKER, M.D.
- LARRY D. CORDELL, M.D.
- LARRY F. GLASER, M.D.

PHONE: 913 / 381-KCBJ  
OR: 913 / 381-5225  
FAX: 913 / 901-0186  
WEBSITE: www.kcbj.com

A DIVISION OF  
SIGNATURE MEDICAL GROUP OF K.C., PA

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ 2<sup>nd</sup> Phone: \_\_\_\_\_

Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_

KCBJ Physician Requested: \_\_\_\_\_

OK for Mid-Level Provider to see this patient? (circle one) Yes No

Does this patient need: Office Visit \_\_\_\_\_ EMG \_\_\_\_\_ Other \_\_\_\_\_

(Circle One) EMG Upper Extremity Right Left Bilateral  
Lower Extremity Right Left Bilateral  
Pudental

Referring Provider: \_\_\_\_\_

Referring Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

We will call back to confirm your patient's appointment time.

Office call back/contact info: \_\_\_\_\_

*Thank you for your referral.*

[www.kcbj.com](http://www.kcbj.com)

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