

**Hand and
Reconstructive
Surgeons, Inc.**

2350 MIAMI VALLEY DRIVE
SUITE 310
DAYTON, OHIO 45459
(937) 435-HAND (4263)
800-750-9401

Scheduling Form



Fax to: 937-298-9459

Date _____ Patient Name _____ DOB _____

Address _____ City _____ State _____ Zip _____

Daytime Phone # _____ Evening Phone # (After 6 pm) _____
Home/Work/Cell Home/Work/Cell

Referring Dr. _____ Fax _____ Phone _____

Person completing form: _____

First Available Provider

Peter S. Barre, M.D. _____
Beth A. Berrettoni, M.D. _____
Christopher J. Danis, M.D. _____
Rannie AlSamkari, M.D. _____
Karen L. Storer, PA-C _____

PLEASE FAX ALL PERTINENT TEST RESULTS. Faxed: Yes No

___ X-Rays - Send Films ___ Labs - Send Report
___ MRI - Send Films and Report ___ EMG - Send Report

Diagnosis: _____

Due to auto accident: ___ Yes ___ No Worker's Comp ___ Yes ___ No

Claim # _____ SS# _____ MCO/SI _____

Date of Injury: _____

Insurance: _____

Hand and Reconstructive Surgeons Staff Will Complete

Date: _____ Appt. Time: _____

Scheduled with: _____ Appt. Location: _____

Test Results Received: _____ Yes _____ No

Date Faxed to referring Dr.: _____

Scheduler: _____

Locations

Miami Valley South • Tipp City • Middletown • Englewood