



Sequoia Institute for Surgical Services Inc.

Jonathan C. Liu, MD FACS

Hand Wrist Forearm Elbow Upper Extremity Surgery

2300 W Sunnyside Ave, Visalia, CA 93277

Phone (559) 731-2009 Please Fax Referral Form: 1-866-833-7251

For Immediate Consult: 888-74-HANDS

NPI number: 1255791422

(4-2-6-3-7)

Referral Information:

Requesting Physician _____ NPI# _____ Date of Referral _____

Office Contact _____ Office PH# _____ Office Fax# _____

Patient Information

Reminder: Valid ID and Insurance Card must be present at the visit

Name (Last, First): _____ DOB: _____ SSN#(NECESSARY) _____

Address: _____ City: _____ ZIP: _____

Contact Numbers: (MUST PROVIDE AT LEAST 2) _____

Insurance Information: (PLEASE INDICATE PRIMARY/SECONDARY)

Primary Insurance: _____ Subscriber#: _____

Secondary Insurance: _____ Subscriber#: _____

Guarantor Name: _____ Relationship: _____

DOB: _____ SSN#(NECESSARY) _____

PLEASE CIRCLE: HMO PPO EPO WORK COMP Medi-Care Medi-Cal

Has authorization been obtained? YES NO Not required

For Workers Comp ONLY: DOI: _____ Adjuster: _____

Billing Address: _____

Adjusters Phone#: _____ Adjusters FAX#: _____

Authorized by: _____ Date: _____ Claim#: _____

Employer: _____ Employer Phone #: _____

Chief Complaint/Reason for Referral: Left Right Bilateral Hand / Wrist / Elbow

Carpal Tunnel Syndrome
Congenital Hand Differences
Cubital Tunnel Syndrome
DeQuervain's Disease
Dupuytren's Disease
Elbow Bursitis
Elbow Fractures
Extensor Tendon Injuries
Finger Deformity
Fingertip Injuries

Flexor Tendon Injuries
Ganglion Cysts
Hand Fractures
Hand Tumors
Infection
Joint Replacements
Kienbock's Disease
Lateral Epicondylitis
Mallet Finger
Nailbed Injuries
Nerve Disorders

Nerve Injuries
Numbness/Tingling
Radial Head Fractures
Removal of Foreign body
Rheumatoid Arthritis
Scaphoid Fracture
Tendon Transfer Surgery
Tennis Elbow
Thumb Arthritis
Thumb Fracture
Thumb Sprains

Trigger Finger
Work Related Injuries
Wrist Arthroscopy
Wrist Arthritis
Wrist Fractures
Wrist Sprains
Others:

RECORDS AND AUTHORIZATION MUST BE RECEIVED PRIOR TO SCHEDULING

THANK YOU FOR YOUR REFERRAL