



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"/> Charles Barnes, M.D. | <input type="checkbox"/> Benjamin Knox, M.D. |
| <input type="checkbox"/> Jason Brashear, M.D. | <input type="checkbox"/> John Martino, M.D. |
| <input type="checkbox"/> Jonathan Clark, M.D. | <input type="checkbox"/> Bart McKinney, M.D. |
| <input type="checkbox"/> Benjamin England, M.D. | <input type="checkbox"/> Ralph Mills, M.D. |
| <input type="checkbox"/> James Goss, M.D. | <input type="checkbox"/> Reagan Parr, M.D. |
| <input type="checkbox"/> Michael Fleenor, M.D. | <input type="checkbox"/> John Phillips, M.D. |
| <input type="checkbox"/> John Holbrook, M.D. | <input type="checkbox"/> Larry Waldrop II, M.D. |
| <input type="checkbox"/> Gabriel Hommel, M.D. | <input type="checkbox"/> T. Lisle Whitman, M.D. |
| <input type="checkbox"/> Thomas Huddleston, M.D. | |

Our Locations

- | | |
|--|---|
| <input type="checkbox"/> Bristol – Hospital
1 Medical Park Boulevard
Suite 300 E
Bristol, TN 37620
Phone: (423) 844-6450
Fax: (423) 844-6499 | <input type="checkbox"/> Bristol Midway
260 Midway Medical Park
Suite 100
Bristol, TN 37620
Phone: (423) 968-4446
Fax: (423) 968-4802 |
| <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	Shoulder	Sports Medicine	Wrist	Bristol – Hospital	Bristol Midway	Johnson City
Barnes				•			•	•	•	•				•
Brashear	•		•	•	•	•	•	•	•	•				•
Clark	•		•	•		•	•	•	•	•	•			
England	•		•	•	•			•	•	•	•			•
Fleenor			•		•				•		•		•	
Goss	•		•		•	•	•	•	•	•				•
Holbrook			•		•					•				•
Hommel	•		•	•	•	•	•	•	•	•	•			
Huddleston	•		•	•	•	•	•	•	•	•				•
Knox		•									•			•
Martino	•					•	•	•	•		•			
McKinney	•		•	•	•			•	•	•				•
Mills									•					•
Parr	•		•	•	•			•	•		•			•
Phillips	•		•	•	•	•	•	•	•	•	•			
Waldrop	•		•		•	•	•	•	•	•				•
Whitman	•		•	•	•	•	•	•	•	•	•			

Appalachian Orthopedics complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.



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Brashear	•		•	•	•	•	•	•	•	•					•
Clark	•		•	•		•	•	•	•	•	•				
England	•		•	•	•			•	•	•	•	•			•
Fleenor			•	•					•	•			•		
Goss	•		•		•	•	•	•	•	•	•				•
Holbrook			•	•						•					•
Hommel	•		•	•	•	•	•	•	•	•	•	•			
Huddleston	•		•	•	•	•	•	•	•	•					•
Knox		•										•			•
Martino	•					•	•	•	•	•		•			
McKinney	•		•	•	•			•	•	•					•
Mills									•						•
Parr	•		•	•	•			•	•		•				•
Phillips	•		•	•	•	•	•	•	•	•	•	•			
Waldrop	•		•		•	•	•	•	•	•	•				•
Whitman	•		•	•	•	•	•	•	•	•	•	•			

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