

**Center for Orthopaedic Specialties
Brazos Spine
3201 University Drive East, Suite 255
Bryan, Texas 77802
979.774.0411**

Physician Referral Form

Referring Physician Information	
Referring Practice Name	
Referring Doctor Name	
Callback Number	
Referral Number (if required)	

Referred to:

- George A. Richardson, M.D.
 Mukund I. Gundanna, M.D.
 Barry W. Solcher, M.D.

Patient Information	
Name of Patient	
Date of Birth	
Type of Insurance	<input type="checkbox"/> BCBS Group 38000 (must have referral) OR <input type="checkbox"/> Other:
Patient Contact Number	
Reason for Referral (which body part, left or right, etc.)	

Please fax to 979.776.0508 along with any pertinent medical records you would like our physician to review.