NASHVILLE
SPORTS MEDICINE
AND ORTHOPAEDIC CENTER

J. W. Thomas Byrd, MD

2011 Church Street
Suite 100
Nashville, TN 37203
615-284-5800
Fax 615-284-5819

Procedures for Prospective Hip Patients

We have implemented procedures to make the record review process for our hip patients as efficient as possible. However, due to the high volume of requests that we receive, this can take several weeks. **Please read the following instructions carefully:**

Referring Physicians & Prospective Patients: Please send the following:

- **Demographic Information:**
  Please complete the attached Intake Form. Return completed copy with records.
- **Insurance Card Copy:**
  Please send a legible copy of the front and back side of insurance card.
- **All Office Notes from all Treating Physicians:**
  If a patient has seen more than one physician for assessment, treatment or opinions for hip/pelvic pain, please include all office notes from all dates of service by each physician.
- **All Diagnostic Imaging and Reports Pertaining to the Hip/Pelvic region:**
  Actual imaging along with corresponding reports must be sent for all imaging including: X-rays, MRI/MR Arthrograms, CT Scans and Bone Scans. (CD images in dicom format are preferred but films are acceptable. We cannot accept electronic or paper copies copies.)
- **Intraarticular Hip Injection Reports:**
  Please send a report for each hip injection.
- **Operative Reports from Previous Hip Surgeries**

Please note: All records must be received before the information can be reviewed or appointments scheduled. The best way to expedite this process is to send all records in one package by mail. We recommend that you send by USPS Priority Mail, Federal Express, or UPS so the package can be tracked if necessary.

Send records to:
Nashville Sports Medicine & Orthopaedic Center
Attn: Hip
2011 Church St., Suite 100
Nashville, TN 37203
(P) 615-284-5828
(F) 877-868-1763

Please contact Morgan Bivens, Hip intake Coordinator, with any questions.
(P) 615-284-5828 (F) 877-868-1763 (E-mail) morgan@nsmoc.com

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Procedures for Prospective Hip Patients
Intake Form

Patient Information		Referring Physician Information – please complete all	
Name		Name	
Address		Address	
City/State/Zip		City/State/Zip	
DOB		Telephone	
SSN		Fax	
Preferred phone		UPIN	
Other phone		NPI	
Email		Best contact person	
		Contact person phone	
		Contact person email	

Patient Insurance Information		Records Required – check and send all that apply	
Carrier			Office notes from all treating physician visits
Group #			X-rays (AP pelvis, frog lateral) on CD and report
Name of insured			MRI and/or MR arthrogram film on CD and report
Member ID			CT films on CD and report
Website			Bone scan film on CD and report
Provider phone #			Operative reports from previous hip surgery
			Hip injection report

List full names and address/phone number of all physicians this patient has seen for hip pain/injury.	

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