

# Appointment Confirmation

Patient Name \_\_\_\_\_

Appointment (Date) \_\_\_\_\_ (Time) \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> <b>BLM:</b> Bloomingdale (Therapy & Chiropractic Service Only) | <input type="checkbox"/> <b>SCC:</b> Sun City      |
| <input type="checkbox"/> <b>BRN:</b> Brandon  | <input type="checkbox"/> <b>SOU:</b> South Tampa   |
| <input type="checkbox"/> <b>CPC:</b> Citrus Park  | <input type="checkbox"/> <b>TEL:</b> North Tampa   |
| <input type="checkbox"/> <b>NOR:</b> Northdale (Therapy & Chiropractic Service Only)    | <input type="checkbox"/> <b>WES:</b> Wesley Chapel |
| <input type="checkbox"/> <b>PLM:</b> Palm Harbor  |  |



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## Hip & Knee

- o Thomas L. Bernasek, M.D. SOU, TEL
- o David M. Donohue, M.D. BRN, SOU, TEL
- o Grant G. Garlick, M.D. BRN, SOU
- o Christopher W. Grayson, M.D. CPC, PLM
- o Kenneth A. Gustke, M.D. SCC, SOU, TEL
- o Steven T. Lyons, M.D. CPC, SOU, TEL
- o Kapil G. Mehrotra, M.D. SOU, TEL
- o Michael A. Miranda, D.O. BRN, TEL
- o Brian T. Palumbo, M.D. TEL, WES
- o David T. Watson, M.D. SOU, TEL

## Foot & Ankle

- o Timothy C. Epting, D.O. CPC, WES, TEL
- o Evan M. Loewy, M.D. BRN, SOU, TEL
- o Roy W. Sanders, M.D. BRN, SOU, TEL
- o Arthur K. Walling, M.D. SOU, TEL

## Hand & Wrist

- o Michael J. Garcia, M.D. SOU, TEL, WES
- o Alfred V. Hess, M.D. BRN, SOU
- o Jason A. Nydick, D.O. CPC, TEL, WES
- o Ioannis P. Pappou, M.D. CPC, PLM
- o Jeffrey D. Stone, M.D. BRN, SOU, TEL

## Interventional Spine

- o Howard B. Jackson, M.D. SOU, TEL

## Musculoskeletal Oncology

- o Arthur K. Walling, M.D. SOU, TEL

## Shoulder & Elbow

- o Christopher E. Baker, M.D. WES
- o Eddy L. Echols, Jr., M.D. BRN, SCC
- o Mark A. Frankle, M.D. TEL
- o Benjamin J. Lindbloom, M.D. BRN, SCC, TEL
- o Mark A. Mighell, M.D. SOU, TEL

## Shoulder & Elbow (con't.)

- o Ioannis P. Pappou, M.D. CPC, PLM

## Spine

- o Sheyan J. Armaghani, M.D. CPC, TEL
- o Adil A. Samad, M.D. BRN, WES
- o John M. Small, M.D. SOU, TEL
- o Steven J. Tresser, M.D. CPC, SOU
- o Marc A. Weinstein, M.D. BRN, SOU

## Sports Medicine

- o Christopher E. Baker, M.D. WES
- o Eddy L. Echols, Jr., M.D. BRN, SCC
- o Seth I. Gasser, M.D. BRN, SOU, TEL
- o Adam C. Morse, D.O. CPC, SOU, TEL
- o Seung Jin Yi, M.D. CPC, TEL

## Primary Care Orthopedics/ Sports Medicine

- o Reza Alavi, M.D. CPC, PLM, TEL
- o George E. Eldayrie, M.D. BRN, SCC, TEL
- o Jeff E. Sellman, M.D. BRN, SOU

## Trauma Specialists

- o David M. Donohue, M.D. BRN, SOU, TEL
- o Anthony F. Infante, Jr., D.O. BRN, SCC
- o Benjamin J. Maxson, D.O. BRN, CPC
- o Hassan R. Mir, M.D. TEL
- o Jason A. Nydick, D.O. CPC, TEL, WES
- o Roy W. Sanders, M.D. BRN, SOU, TEL
- o Anjan R. Shah, M.D. BRN
- o David T. Watson, M.D. SOU, TEL

## Chiropractic Services

- o John D. Ramirez, Jr., D.C. BLM
- o David A. Reina, D.C. NOR, SOU

## Rehabilitation & Physical Medicine

- o Syed M. Zaffer, M.D. TEL

**APPOINTMENTS**  
**(800) FL-ORTHO**  
**(813) 978-9797**

**WC APPOINTMENTS**  
**(813) 971-3304**

**URGENT CARE**  
**(813) FL-ORTHO**

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### **Bloomingtondale (BLM)**

(Therapy & Chiropractic Service Only)  
1586 Bloomingtondale Avenue  
Valrico, FL 33596

### **Brandon (BRN) and Orthopaedic Urgent Care**

560 South Lakewood Drive Suite 101  
Brandon, FL 33511

### **Citrus Park (CPC)**

6117 Gunn Highway  
Tampa, FL 33625

### **North Tampa - Main Office (TEL)**

13020 Telecom Parkway North  
Tampa, FL 33637

### **Northdale (NOR)**

(Therapy & Chiropractic Service Only)  
3618 Madaca Lane  
Tampa, FL 33618

### **Palm Harbor (PLM)**

36413 US Highway 19 North  
Palm Harbor, FL 34684

### **South Tampa (SOU) and Orthopaedic Urgent Care**

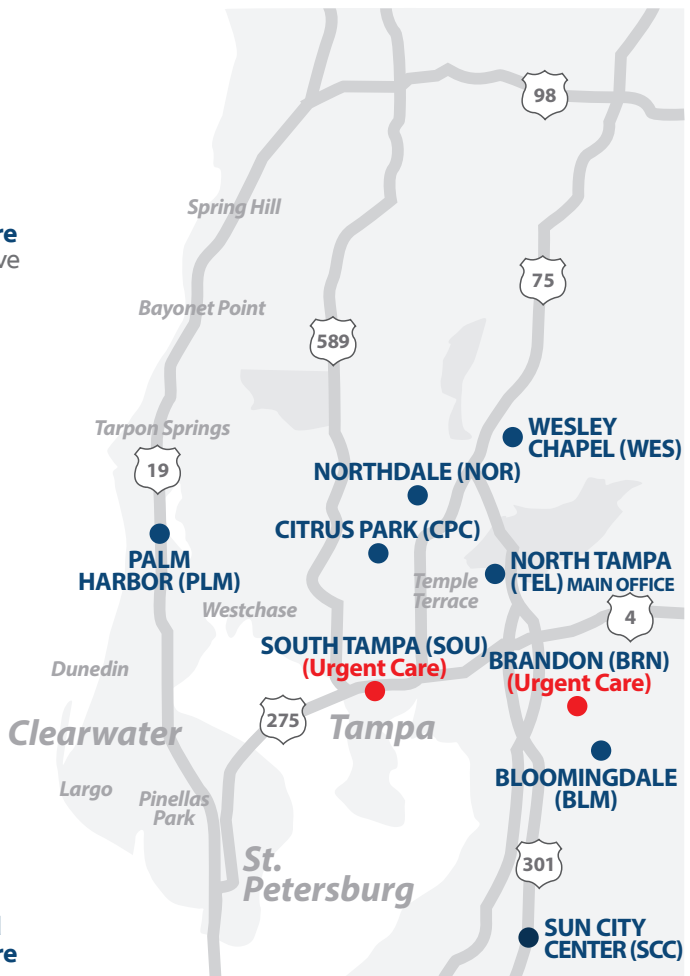
909 North Dale Mabry Highway  
Tampa, FL 33609

### **Sun City Center (SCC)**

959 Del Webb Boulevard East  
Sun City Center, FL 33573

### **Wesley Chapel (WES)**

2653 Bruce B. Downs Boulevard, Suite 201  
Wesley Chapel, FL 33544



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## Referral Pad Order Form

To obtain additional referral pads, please complete the following information and mail to the address listed below.

# of Referral Pads Needed: \_\_\_\_\_

Physician Name or Group Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Please mail this form to:  
Florida Orthopaedic Institute  
Marketing Department  
13020 North Telecom Parkway  
Temple Terrace, FL 33637