



Appalachian Orthopedics & Neurosurgery

A Member of the Campbell  Clinic Family
ORTHOPAEDICS

Please select an option below to schedule an appointment with
Appalachian Orthopedics & Neurosurgery.

- 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 & Neurosurgery 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"/> Jason Brashear, M.D. | <input type="checkbox"/> Gabriel Hommel, M.D. | <input type="checkbox"/> Alexander Rothy, M.D. |
| <input type="checkbox"/> J. Travis Burt, M.D. | <input type="checkbox"/> John Mann III, M.D. | <input type="checkbox"/> Samuel Straus, D.P.M. |
| <input type="checkbox"/> Kevin Cheshire, D.O. | <input type="checkbox"/> Bart McKinney, M.D. | <input type="checkbox"/> Avery Thomson, D.P.M. |
| <input type="checkbox"/> Jonathan Clark, M.D. | <input type="checkbox"/> Meredith Neal, M.D. | <input type="checkbox"/> Larry Waldrop II, M.D. |
| <input type="checkbox"/> James Goss, M.D. | <input type="checkbox"/> John Phillips, M.D. | <input type="checkbox"/> T. Lisle Whitman, M.D. |
| <input type="checkbox"/> Kyle Harner, M.D. | <input type="checkbox"/> William M. Platt, M.D. | |
| <input type="checkbox"/> Jody B. Helms, M.D. | <input type="checkbox"/> Andrew Rice, M.D. | |

Our Locations

Abingdon

16000 Johnston Memorial Drive, Suite 100
Abingdon, VA 24211
Phone: (276) 477-1443
Fax: (276) 477-1441

Bristol Regional Medical Center

1 Medical Park Boulevard, Suite 300 E
Bristol, TN 37620
Phone: (423) 844-6450
Fax: (423) 844-6499

Elizabethton

314 Rogosin Drive
Elizabethton, TN 37643
Phone: (423) 518-1670

Highlands Neurosurgery

1 Medical Park Boulevard, Suite 400 E
Bristol, TN 37620
Phone: (423) 844-5400
Fax: (423) 844-5434

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	Neurosurgery	Physical Medicine & Rehabilitation	Podiatry	Rheumatology	Shoulder	Sports Medicine	Wrist	Abingdon	Bristol Regional Medical Center	Elizabethton	Highlands Neurosurgery	Johnson City
Brashear	•		•	•	•	•	•	•					•	•	•					•
Burt									•										•	
Cheshire	•		•	•	•	•	•	•					•	•	•	•				
Clark	•		•	•		•	•	•					•	•	•		•			
Goss	•		•		•	•	•	•					•	•	•			•		•
Harner												•								
Helms									•										•	
Hommel	•		•	•	•	•	•	•					•	•	•	•	•			
Mann						•	•	•						•		•				
McKinney	•		•		•			•					•	•						•
Neal	•				•	•	•	•					•	•	•			•		•
Phillips	•		•	•	•	•	•	•					•	•	•	•	•			
Platt										•									•	
Rice									•										•	
Rothly						•	•	•										•		•
Straus	•			•							•			•				•		•
Thomson	•			•							•			•		•				
Waldrop	•		•		•	•	•	•					•	•	•					•
Whitman	•		•	•	•	•	•	•					•	•	•		•			