Duffield Ashmead, M.D. Board Certified Plastic Surgeon Fellowship Trained Hand Surgeon Assistant Clinical Professor— UCONN

Daniel J. Mastella, M.D.

Board Certified Orthopaedic Surgeon Fellowship Trained Hand Surgeon Assistant Clinical Professor — UCONN

H. Kirk Watson, M.D. Board Certified Orthopaedic Surgeon Fellowship Trained Hand Surgeon Clinical Professor — UCONN



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REQUEST FOR MEDICAL RECORDS REVIEW

Please fill out completely and fax to our office at (860) 652-8410.

		Date	
PATI	IENT:		
	Name:		
SCH	EDULER INFORMATION:		
	Company Name:	Contact:	
	Street:		
	City / State / Zip Code:		
		Fax #:	
	Date of Injury:	Body Part:	
	<i>y y</i> =======		

Requested MD

(please circle)

Duffield Ashmead, MD

Daniel J. Mastella, MD

Upon receipt of this form, we will fax you the fee letter and W-9.

Please call our office with any questions: 860-527-7161