

Hartford Orthopaedic, Plastic & Hand Surgeons, Inc.

Duffield Ashmead, M.D.
Board Certified Plastic Surgeon
Fellowship Trained Hand Surgeon
Director, UCONN Hand Fellowship

Daniel J. Mastella, M.D.
Board Certified Orthopaedic Surgeon
Fellowship Trained Hand Surgeon
Assistant Clinical Professor — UCONN

Christopher Dillon, PA-C
Board Certified Physician Assistant



195 Eastern Blvd, Ste 200, Glastonbury, CT 06033
T: (860) 527-7161 F: (860) 652-8410
www.thehandcenteronline.com

Christopher M. McCarthy, M.D.
Board Certified Orthopaedic Surgeon
Fellowship Trained Hand Surgeon
Clinical Associate – UCONN

Peter J. Shaughnessy, M.D.
Orthopaedic Surgeon
Fellowship Trained Hand Surgeon

Julie B. Forster, PA-C
Board Certified Physician Assistant

One-Time Evaluation

Date:

To:

Fax#

Attn:

Phone#

PATIENT'S NAME:

Patient's address:

DOB:

Patient of:

Claim #:

Date of Injury:

It is our policy that authorization from the worker's compensation carrier be received in our office prior to the scheduled appointment. All fees are to be reimbursed at the CT Worker's Compensation Fee Schedule. For your convenience, please sign and return this notice via fax to 860-652-8410 or via email to: WC@thehandcenteronline.com, as **authorization for a one-time evaluation**. If you have any questions, please contact the office.

The above referenced patient is being granted authorization for a one-time evaluation at The Hand Center with Dr. _____ and his ancillary staff

Body Part: _____ Employer: _____

Workers' Compensation Carrier: _____

Claims Mailing Address: _____

Adjuster Name: _____

Adjuster Phone: _____ Fax# _____

Authorization Signature: X _____ Date: _____

Printed name of person signing the Authorization: _____

Very truly yours,

The Hand Center
195 Eastern Blvd., Ste. 200
Glastonbury, CT 06033

Attn:

Ph: (860) 527-7161 x 228

Fax: (860) 652-8410

Email: WC@thehandcenteronline.com