



Date: \_\_\_\_\_

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

DOB: \_\_\_\_\_

Thank you for referring your patient to Finney Trimble Surgical Associates for a consultation and evaluation for:

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This patient will be seeing: (please select a physician)

- Dr. Joel Turner
- Dr. Frank Rotolo
- Dr. Laurence Ross
- Dr. John Flowers

We look forward to participating in this patients care.

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