BIRMINGHAM HAND & PLASTIC SURGERY

Paul F. Sauer, M.D., F.A.C.S.

BOARD CERTIFIED IN HAND SURGERY
BOARD CERTIFIED IN PLASTIC AND RECONSTRUCTIVE SURGERY

NEW PATIENT REFERRAL FORM

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Reason for	referral: (We accept trau	ımatic injuries. Please call ı	he office to refer.)	
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Referrina	Physician Informati	ion:		
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Doctor Name:			Office Contact:	
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For office use	only:			
	¥	Procedures Perfo	rmed by Dr. Sauer	
	Hand Surgery:	Name to the contract of the co	Plastic/Reconstructive Surgery:	**************************************

Procedures Performed by Dr. Sauer				
Hand Surgery:	Plastic/Reconstructive Surgery:			
TRAUMATIC SOFT TISSUE INJURIES TENDON/NERVE/ARTERY REPAIRS CARPAL TUNNEL RELEASE DUPUYTREN'S CONTRACTURE CMC ARTHROPLASTY OF THE THUMB TRIGGER FINGER SKIN MASSES/CYSTS	 SKIN CANCER: EXCISION AND REPAIRS SKIN GRAFTS FLAP RECONSTRUCTION DIFFICULT WOUNDS/BURNS BREAST REDUCTION 			