

**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



195 Eastern Boulevard  
Suite 200  
Glastonbury, CT 06033  
(860) 527-7161  
Fax (860) 652-8410

Billing Department  
(860) 781-6263  
Fax (860) 652-8412

Toll Free 1-877-358-HAND (4263)  
www.thehandcenteronline.com

### **REQUEST FOR MEDICAL RECORDS REVIEW**

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

Date \_\_\_\_\_

**PATIENT:**

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

**SCHEDULER INFORMATION:**

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Street: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Body Part: \_\_\_\_\_

**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**