Partial listing of services offered:

- Office-based orthopedic injury care
- Stress fracture management
 - In-Office diagnostic ultrasound
- Ultrasound-guided injection therapy
- TENEX tenotomy for chronic tendon pain
 - Platelet-rich plasma treatment
 - Prolotherapy
- Adipose stem cell injection therapy
 - Diagnosis and management of exercise-induced asthma
- Exercise testing for compartment syndrome
- Exercise testing for athletic training thresholds
- Custom orthotics
 - Orthopedic physical therapy
- Certified ASTYM Providers



Name of Referring Clinic/Facility:

STADIA SPORTS MEDICINE

Lakeview Medical Park 6000 University Avenue Suite 250 West Des Moines, IA 50266

Phone: (515)221-1102 Fax: (515) 221-1272 www.stadiasportsmedicine.com

REFERRAL FORM

Please include patient demographic and insurance information as well as patient history or recent notes with the referral.

riamo or recoming e	Jimori dollity.	
☐ SPORTS MEDICINE M.D. CONSULTATION		
Patient Name:		
Diagnosis:		
Provider Signature	Printed Name	Date
☐ PHYSICAI	L THERAPY REFER	RRAL
Patient Name:		
Diagnosis:		
Special Instructions/P	recautions:	
Duration		
Provider Signature	Printed Name	Date
Please include patie	ent demographics and ins	surance information as well as

Please include patient demographics and insurance information as well as patient history or recent notes.

Thank you for the referral!

Workers' Comp referral forms can be found on our website or call to have one faxed to you.

Online referral forms are also available through our website.