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## Referral Form

Appointment Priority:  Urgent  First Available

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

### Patient Information:

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

Date of Birth: \_\_\_\_\_ Gender:  Male  Female SSN: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Insurance Plan:  PPO  HMO  Medicare  Work Comp  Liability  Self Pay  Other  
 Medicaid (Group NPI# \_\_\_\_\_ No. of Visits Authorized \_\_\_\_\_)

### Referring Physician Information:

Referring Provider: \_\_\_\_\_ Referring Practice: \_\_\_\_\_

Referral Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Services Requested:

Diagnosis/Complaint: \_\_\_\_\_

If a specific physician is preferred, please indicate: \_\_\_\_\_

- General Orthopaedic Evaluation  Foot & Ankle Evaluation  Spine Evaluation  Pain Management  
 Hand Evaluation  Sports Evaluation  Surgical Spine Consult

MRI  EMG/NCV

Procedure Code/Service: \_\_\_\_\_  w/o contrast  w and w/o contrast  w/contrast

Body Part: \_\_\_\_\_

Physician Printed Name: \_\_\_\_\_ Physician Signature: \_\_\_\_\_

### Prior Treatment:

- X-Ray  MRI/CT  Narcotics  NSAIDS  
 Physical Therapy  Injections  Prior Surgery

Locations: Please fax to the office in which you would like the patient to be seen.

- Hickory (828) 330-2094  Lenoir (828) 758-7058  Taylorsville (828) 635-7309  Valdese (828) 874-0833  
 Boone (828) 758-7058  Newton (828) 330-2094  Morganton (828) 438-0836

***Thank you for entrusting us with the care of your patient.***

### APPOINTMENT INFORMATION:

Provider	Date	Time	Location