

Orthopaedic Associates, P.A.

Referral Form

North Grove

1330 Boiling Springs Rd #1600
Spartanburg, SC 29303
(864) 582-6396
Fax (864) 582-1608

Duncan

115 Deacon Tiller Court
Duncan, SC 29334
(864) 721-0025
Fax (864) 721-0035

Requested Physician

Orthopaedic

- () Mary Joan Black, MD
- () Michael W. Funderburk, MD
- () R. Stephen Harley, MD
- () Michael R. Henderson, MD
- () Michael P. Hoenig, MD
- () M. David Mitchell, MD
- () Gerald L. Rollins, MD
- () **First Available Physician** _____

Physical Medicine & Rehabilitation

- () James, P. Behr, MD
- () Anthony DiNicola, MD

Patient Name: _____ DOB: _____

Patient Contact Number(s): _____

Referring Physician: _____

Diagnosis (ICD 9): _____

Service Requested: (Please Check):

Orthopaedic Referral

- [] Spine (Lumbar / Cervical)
- [] Shoulder
- [] Knee
- [] Foot / Ankle
- [] Hand / Wrist
- [] Upper Extremity
- [] Lower Extremity
- [] Other: _____

Pain Management Consultation

- [] Office Consultation for Evaluation & Treatment
- [] EMG / NCS - Right / Left / Bilateral - Arm(s) / Leg(s)
- [] Pain Consultation for Procedure

Referral Time Frame:

- [] **First Available** [] **ASAP –Within 5 Days** [] **Stat (Please call Office)**