Please FAX ALL TEST RESULTS---X-RAY, MRI, CT, Bone Scan & EMG Reports

GREENWOOD ORTHOPAEDICS

Kevin E. Julian, MD Kurt R. Martin, MD Evan R. Armington, MD

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(317) 497-6497 phone
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Referral Form

Patient's Name: _____ Today's Date: _____

Patient's Phone: _____ D.O.B: _____

Referring Physician: _____

Phone: _____ Fax: _____

Referral Number (if needed) _____ Insurance Company: _____

EVALUATE AND TREAT FOR THE FOLLOWING

X	PROBLEM LOCATION
	Shoulder
	Elbow
	Forearm
	Wrist
	Hand
	Hip
	Knee
	Leg
	Ankle
	Foot
	Neck
	Back

X	POSSIBLE FRACTURE
	Shoulder
	Elbow
	Forearm
	Wrist
	Hand/Finger
	Hip
	Knee/Leg
	Foot/Ankle

X	POSSIBLE DIAGNOSIS
	Rotator Cuff Tear
	Shoulder Tendonitis
	Carpal Tunnel Syndrome
	Osteoarthritis Shoulder
	Osteoarthritis Hip
	Osteoarthritis Knee
	Osteoarthritis Ankle/Foot
	Torn Meniscus
	Tendonitis Elbow
	Bunions

Please schedule this patient to be seen: TODAY 1-3 DAYS 4-7 DAYS 7-10 DAYS 2 WEEKS

With: Kevin E. Julian, M.D. Kurt R. Martin, M.D. Evan R. Armington, M.D. or FIRST AVAILABLE

WE WILL CONTACT YOUR PATIENT TO SCHEDULE THE APPOINTMENT AND THEN NOTIFY YOU.

for GWO Office use

PATIENT'S APPOINTMENT DATE/TIME/PHYSICIAN:_____

PATIENT CONTACTED DATE:_____TIME:_____

NOTIFIED REFERRING PHYSICIAN VIA FAX: DATE:_____TIME:_____

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Update: 12/11/2014