



## Physician Referral Form

For provider or provider's offices, please call **317.875.9105** and press **option 7**.

### Referring Physician Information

Contact's Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Referring Office: \_\_\_\_\_ Referring MD: \_\_\_\_\_  
(Practice Name)  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### Patient Information *Patient face sheet or demographic form is appreciated but not required.*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Policy Holder Name: \_\_\_\_\_ Policy Type/Name: \_\_\_\_\_  
Diagnosis/Symptoms: \_\_\_\_\_  
Injured Body Part:  Hand  Wrist  Elbow  Shoulder

### Prior Testing/Surgery for This Problem

*Patient face sheet or demographic form is appreciated but not required.*

X-ray  MRI  CT  EMG  Fluoroscopy  Angiogram  
 Other: \_\_\_\_\_  Prior Surgery for this Condition

### Indiana Hand to Shoulder Center Physician Requested

Robert Baltera, MD  Ian Chow, MD  Nicholas Crosby, MD  
 James Fischer, MD  Reed Hoyer, MD  F. Thomas Kaplan, MD  
 Gregory Merrell, MD  Kathryn Peck, MD  Sameer Puri, MD  
 Gregory Schmidt, MD  Brandon Smetana, MD  First Available

### Indiana Hand to Shoulder Center Location Requested

Brownsburg  Fishers  Greenfield  Indianapolis - Northside  
 Indianapolis - Southside  Lafayette  Kokomo  Rushville  
 Terre Haute  Westfield