Indiana Hand to Shoulder Center

Physician Referral Form

Fax Non-Urgent Referrals to: (317) 872-6865

For URGENT appointment requests (within 1-3 days), please call the office at 317-875-9105 x 360

REFERRING PHYSICIAN INFORMATION

Date: _____ Contact Person Name: _____

Referring Office: _____ Contact Phone #: _____
(Practice Name)

Referring MD: _____ Fax Phone #: _____

PATIENT INFORMATION

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

Patient Name: _____ Insurance Company: _____

Date of Birth: _____ Policy #: _____

Phone #: _____ Policy Holder Name: _____

Injured Body Part: ☐ Hand ☐ Wrist ☐ Elbow ☐ Shoulder

Diagnosis/Symptoms: _____

Prior Testing/Surgery for this problem:

☐ X-ray ☐ MRI ☐ EMG/NCS
☐ Prior surgery for this condition ☐ CT ☐ Other: _____

Indiana Hand to Shoulder Center Physician Requested:

☐ William Kleinman, MD ☐ F. Thomas Kaplan, MD ☐ Kathryn Peck, MD ☐ Sameer Puri, MD
☐ Robert Baltera, MD ☐ Gregory Merrell, MD ☐ Reed Hoyer, MD ☐ Ian Chow, MD
☐ Jeffrey Greenberg, MD ☐ Nicholas Crosby, MD ☐ Brandon Smetana, MD ☐ Gregory Schmidt, MD
☐ First Available

Indiana Hand to Shoulder Center Location Requested:

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

INDIANA HAND TO SHOULDER CENTER CONTACT INFORMATION (All Locations)

Referral Coordinator: Diane Lawler Contact Phone #: 317-471-4309

Please call our Referral Coordinator with any concerns or questions regarding the referral process.

FOR INDIANA HAND TO SHOULDER CENTER USE ONLY:
(form will be faxed back to referring physician once appointment is scheduled)

Appointment Date: _____ Appointment Time: _____

Physician: _____ Location: _____