Methodist Sports Medicine
THE ORTHOPEDIC SPECIALISTS

Referral Form - All Locations

Patient Name: _____ DOB: _____ Male ☐ Female ☐

Address: _____ Insurance: _____

_____ ID #: _____

_____ Insured Name: _____

Contact Phone: _____ Insured DOB: _____

****Please include copy of Insurance Card with Fax****

Requested Location:

☐ North[+] - 201 Pennsylvania Parkway, Suite 100, Indianapolis, IN 46280

☐ South[*] - 1401 West County Line Rd, Greenwood, IN 46142

☐ West - 1115 North Ronald Reagan Parkway, Suite 148, Avon, IN 46123 ***(Snead Only)***

☐ Tipton [~] - 1010 South Main Street, Suite 100, Tipton, IN 46072

☐ *Bloomington - 639 South Walker Street, Suite E, Bloomington, IN 47403*

Requested Physician:

☐ Alvey[*] (Sports Med/Triage)

☐ Bender [+*] (Elbow/Shoulder)

☐ Boaz[+] (Concussion)

☐ Condict[+~] (Total Hip/Knee)

☐ Harman[+*] (Pain Management)

☐ Horner[+] (Concussions)

☐ Hur[+] (Total Hip/Knee)

☐ Klootwyk[*+](Knee)

☐ Jaggers[*] (Knee)

☐ *Maiers [+] (Hip/Knee)*

☐ Maratt [+*] (Total Hip/Knee)

☐ McCarroll[+] (Sports Med/Triage)

☐ Misamore[*+] (Shoulders)

☐ Origer[*+] (Chiropractic)

☐ Peters [*] (Spine)

☐ Porter[*+] (Foot/Ankle)

☐ A. Rettig[+] (Upper Ext/Knee)

☐ *L. Rettig [*+] (Hand/Elbow)*

☐ M. Ritter[+~] (Knee/Shoulder)

☐ S. Ritter[*+] (Spine)

☐ Sallay[+] (Shoulders/Knee)

☐ Smerek[*+~] (Foot/Ankle)

☐ Snead[*+~] (Upper Extremity)

☐ *Dellacqua (Hand/Elbow)*

☐ *Gettelfinger (Pain Management)*

☐ *Linger (Knee/Shoulder)*

☐ *Meyers (Upper Extremity)*

☐ *Pannunzio (Hand/Elbow)*

☐ *Weidenbener (Sports Med)*

☐ URGENT

☐ FIRST AVAILABLE

Problem that we are seeing the patient for: _____

_____

Is the problem related to an auto accident: _____

Is the problem work related: _____

Has the patient had any xrays or MRI? _____

****Please have patients bring films/CD with them to their appointment.****

Referring Physician: _____ Phone Number: _____

Contact Person: _____ Extension: _____

****Please fax all records with copy of insurance card to 317-819-1209.****