Indiana Hand to Shoulder Center

Self Referral Form

Fax Referrals to: (317) 872-6865

REFERRING PHYSICIAN INFORMATION

Date: _____ Contact Person Name: _____

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

Referring MD: _____ Fax Phone #: _____

PATIENT INFORMATION

Patient Name: _____ Home Phone #: _____

Date of Birth: _____ Alternate Phone #: _____

Insurance Company: _____ Policy #: _____

Policy Holder Name: _____ Policy Type/Name: _____

Diagnosis/Symptoms: _____ Injured Body Part ☐ Hand ☐ Wrist ☐ Elbow ☐ Shoulder

Prior Testing/Surgery for this problem:

☐ X-ray ☐ MRI ☐ CT ☐ EMG

☐ Fluoroscopy ☐ Angiogram ☐ Other: _____ ☐ _____

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

Indiana Hand to Shoulder Center Physician Requested:

☐ William Kleinman, MD ☐ Jeffrey Greenberg, MD ☐ Nicholas Crosby, MD ☐ Brandon Smetana, MD

☐ Thomas Fischer, MD ☐ F. Thomas Kaplan, MD ☐ Kathryn Peck, MD ☐ First Available

☐ Robert Baltera, MD ☐ Gregory Merrell, MD ☐ Reed Hoyer, MD

Indiana Hand to Shoulder Center Location Requested:

☐ Avon ☐ Indianapolis-Downtown ☐ Kokomo ☐ Terre Haute

☐ Fishers ☐ Indianapolis-Northside ☐ Lafayette ☐ Indianapolis-Southside

☐ Rushville ☐ Westfield

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: _____