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REFERRAL FORM FOR NEW PATIENTS AT R&O

1) Please complete this form and fax it along with the items listed in #2 to our office at 402-464-4447

2) **Insurance Card copies are required to process all referrals (All Medicare plans MUST have a supplement).** Please submit the patient insurance card(s) copies (front & back), demographics, the last 2 years of medical records. Please include: office visit notes, labs, DXA/imaging, injection/infusion records and immunization records. **Referrals missing any information, including insurance card copies, may take longer to process, which will delay getting patient a scheduled appointment.**

3) All of our incoming referrals undergo a provider review process prior to scheduling. R&O does not generally treat patients younger than 18 years and does not do genetic testing for Ehlers Danlos Syndrome (EDS).

4) We will contact your patient to schedule an appointment and will let your office know if we are unable to see patient.

Our team will also send out a confirmation fax to confirm appointment date.

note- patients will not typically be scheduled without completed paperwork.

Patient Name: _____

DOB: _____

Sex: ☐ Male ☐ Female

Address: _____

City: _____ State: _____ Zip Code: _____

*Phone Number(s): _____ Email: _____

*Insurance Company: _____ Insurance ID#: _____

*Guarantor/DOB: _____ Insurance Group #: _____

*Upcoming Ortho Surgery? ☐ Yes ☐ No

If Yes, When? _____

*Reason For Referral: _____

Is this an urgent referral? ☐ Yes ☐ No Is patient pregnant? ☐ Yes ☐ No

*Referring Physician: _____

*Referring Physicians Office: _____

Best Name/Number to reach at the Referring Office: _____

*Referral Date: _____

PCP (if different from referring provider: _____

While it is typical for a several month wait for routine consults, Dr. Garwood and Dr. Elliott triage all incoming referral and are available to talk with referring provider about patients that they feel need to be seen sooner.