GREENSBORO ORTHOPAEDICS
DOCTORS FOR AN ACTIVE LIFE


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Fred W. Ortmann, IV, MD, FAAOS, SCSH
Dahari D. Brooks, MD, FAAOS
John D. Hewitt, MD, FAAOS
Brian J. Swinteck, MD, FAAOS
Jason P. Rogers, MD

***PHYSICAL MEDICINE & REHABILITATION***
Richard D. Ramos, MD, FAAPMR

***FAMILY PRACTICE/SPORTS MEDICINE***
Adam S. Kendall, MD, ABFM, SCOSM


***SERVICES***
Orthopaedic Surgery
Sports Medicine
Worker's Compensation
Total Joint Replacement Surgery
Shoulder Surgery
Spine Surgery
Hand/Wrist/Elbow Surgery
Foot & Ankle Surgery
Physical Medicine & Rehabilitation
Therapy Services
Diagnostic Imaging including MRI

***LOCATIONS***
Greensboro: Signature Place
3200 Northline Ave.
Suites 160 & 200
Greensboro, NC 27408

Madison
401 West Decatur St.
Madison, NC 27025

***Contact***
Main: 336.545.5000
Appointments: 336.545.5001

**www.GreensboroOrthopaedics.com**

# Referring Provider Form

Scheduling: 336.545.5001 Fax: 336.544.1168
Email: referrals@gsoortho.com
www.GreensboroOrthopaedics.com

Patient Name:_____

Phone (H):_____ (W):_____ (Cell):_____

Date of Birth: _____ Last 4 digits of SSN#: _____

Email:_____

Primary Insurance:_____

Injury/Condition:_____

*****Please attach patient demographic information and office notes.**

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Work Related? (Circle One): Yes / No

If yes, Name of Employer:_____

Date of Injury:_____

NC Claim? (Circle One): Yes / No Claim #:_____

Carrier:_____

Carrier Address:_____

Adjuster Phone #:_____ Adjuster Fax #:_____

Rehab RN Phone #:_____ Rehab RN Fax#:_____

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Referring Provider Name (MD, PA, NP, DC, other):_____

Provider Phone #:_____ Provider Fax#:_____

Provider Address:_____

Referral Coordinator Comments:_____

_____

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**Official Use Only:**
Date of Appointment:_____ Time: _____AM / PM

Location: (Circle One)
*Greensboro: Signature Place* *Madison*

MD/PA:_____