

Carolina Orthopaedic & Neurosurgical Associates

Referral Form

North Grove

1330 Boiling Sprgs Rd #1600
Spartanburg, SC 29303

(864) 582-6396

Fax (864) 582-1608

Duncan

115 Deacon Tiller Court
Duncan, SC 29334

(864) 721-0025

Fax (864) 582-1608

Neurosurgery

1075 Boiling Springs Rd
Spartanburg, SC 29303

(864) 583-7265

Fax (864) 582-1608

Greenville

220 Roper Mountain Rd. Ext.
Greenville, SC 29615

(864) 582-6396

Fax (864) 582-1608

Requested Physician

Orthopaedic

- () Mary Joan Black, MD
() David S. Brown, MD, PhD
() Michael W. Funderburk, MD
() Daniel A. Gerscovich, MD
() Michael P. Hoenig, MD
() Michael Le, MD
() Chi Lim, MD
() M. David Mitchell, MD
() Travis Patterson, MD
() Gerald L. Rollins, MD
() **First Available Physician** _____

Physical Medicine & Rehabilitation

- () James P. Behr, MD
() Anthony DiNicola, MD
() Jeffery Smith, MD
() Keith Schiff, MD

Neurosurgery

- () Christopher Chittum, MD
() Phillip Esce, MD
() Christie B. Mina, MD

Patient Name: _____ DOB: _____

Patient Contact Number(s): _____

Referring Physician: _____

Diagnosis (ICD 10): _____

* Please Include Patients Demographic / Insurance Information / Medical Records

Service Requested: (Please Check):

Orthopaedic Referral

- [] Spine (Lumbar / Cervical)
[] Shoulder
[] Knee
[] Foot / Ankle
[] Hand
[] Wrist
[] Elbow
[] Hip
[] Other: _____

Pain Management Consultation

- [] Office Consultation for Evaluation & Treatment
[] EMG / NCS - Right / Left / Bilateral - Arm(s) / Leg(s)
[] Pain Consultation for Procedure

Neurosurgery

- [] Head / Brain
[] Neck
[] Spine
[] Other: _____

Referral Time Frame:

- [] First Available [] ASAP –Within 5 Days [] Stat (Please call Office)