

Carolina Orthopaedic & Neurosurgical Associates

Referral Form

North Grove
1330 Boiling Springs Rd #1600
Spartanburg, SC 29303
(864) 582-6396
Fax (864) 582-1608

Duncan
115 Deacon Tiller Court
Duncan, SC 29334
(864) 582-6396
Fax (864) 582-1608

Greenville
220 Roper Mountain Rd. Ext.
Greenville, SC 29615
(864) 582-6396
Fax (864) 675-5735

Requested Physician

Orthopaedic/Sports Medicine

- Mikhail Alexeev, MD
- D. Anthony Barcel, MD
- David S. Brown, MD, PhD
- Jason Dickherber, MD
- William Efird, MD
- Ian Gao, MD
- Daniel A. Gerscovich, MD
- Michael P. Hoenig, MD
- Michael Le, MD
- Maggie Luthringer, MD
- Tyler Luthringer, MD

Orthopaedic Spine

- Chi Lim, MD
- M. David Mitchell, MD

Physical Medicine & Rehabilitation/Pain Mgmt.

- Anthony DiNicola, MD
- Keith Schiff, MD
- Jeffrey Smith, MD
- Channing Willoughby, MD

Neurology

- G. Timothy Baxley, MD

Neurosurgery

- Adam Back MD
- Christopher Chittum, MD
- Donald Shields, MD, PhD

First Available Physician _____

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 & Neurology

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

Referral Time Frame:

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