



# optimorthopedics PATIENT REFERRAL FORM

- Krishna V. Gumidyala, M.D.: Neck & Spine
- Charles A. Hope, M.D.: Knee & Hip Replacement
- Donald K. McCartney, M.D.: Pediatric Orthopedic
- Christopher W. Nicholson, M.D.: Ankle & Foot
- Andrew B. Pandya, M.D.: Pain Management
- Priscilla J. Ross, M.D.: Pain Management
- Benjamin D. Sufker, M.D.:  
Hand & Upper Extremity
- George B. Sutherland, Jr., M.D.: Sports Medicine

16 Okatie Center Blvd., South  
Okatie, SC 29909  
843-705-9401 (P)  
843-705-9402 (F)

### Referring Practice Information

Today's Date \_\_\_\_\_  
Referring Physician \_\_\_\_\_  
Ref MD Employee's Name \_\_\_\_\_  
Group Practice Name \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

| APPOINTMENT INFO          |   |
|---------------------------|---|
| Date:                     |   |
| Time                      | <input type="checkbox"/> am <input type="checkbox"/> pm |
| Physician                 |   |
| Optim Employee's Initials |   |

### Patient's Information

Name \_\_\_\_\_  
FIRST \_\_\_\_\_ LAST \_\_\_\_\_  Male  Female  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Home Phone \_\_\_\_\_ Other Ph \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

### Insurance Information (Please Fax Copies of the Insurance Cards.)

Primary Insurance \_\_\_\_\_  
Policy # \_\_\_\_\_ Insurance carried through (circle one) Patient Spouse Other \_\_\_\_\_  
Secondary Insurance \_\_\_\_\_  
Policy # \_\_\_\_\_ Insurance carried through (circle one) Patient Spouse Other \_\_\_\_\_

### Patient History

Relevant History \_\_\_\_\_  
Is the referral:  Routine (first available appointment) or  Urgent (reason) \_\_\_\_\_  
 for Consultation  to evaluate and assume care  for procedure: \_\_\_\_\_  
Chief Complaint/Reason for Referral: \_\_\_\_\_  
Other \_\_\_\_\_

**Fax Referrals to 843-705-9402**

**Please instruct your patient to bring X-Ray, MRI, or any related results to their Appointment.**