

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) 582-1608

Requested Physician

Orthopaedic/Sports Medicine

- D. Anthony Barcel, MD
- Mary Joan Black, MD
- David S. Brown, MD, PhD
- Ian Gao, MD
- Daniel A. Gerscovich, MD
- Michael P. Hoenig, MD
- Mark Hood, MD
- Michael Le, MD
- Chi Lim, MD
- M. David Mitchell, MD
- Travis Patterson, MD
- Gerald Rollins, MD

First Available Physician _____

Physical Medicine & Rehabilitation/Pain Mgmt.

- James P. Behr, MD
- Anthony DiNicola, MD
- Keith Schiff, MD
- Jeffrey Smith, MD

Neurosurgery

- Christopher Chittum, MD
- Phillip Esce, MD
- Christie Mina, MD
- Donald Shields, MD, PhD

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)