ORTHOPEDIC, PODIATRY & PAIN MANAGEMENT REFERRALS

PHONE: 717.761.5530
APPOINTMENT REQUEST/REFERRAL FAX LINE: 717.901.4247
Direct Messaging: practice@oip.medentdirect.com

MRI REFERRALS

PHONE: 717.980.3710 | FAX: 717.980.3710
Direct Messaging: practice@oip.medentdirect.com

PHYSICAL THERAPY REFERRALS

CAMP HILL 717.920.2620 | FAX: 717.920.2621
HARRISBURG 717.920.4950 | FAX: 717.920.4955
MILLERSBURG 717.889.7321 | FAX: 717.207.7321
CARLISLE 717.980.3568 | FAX: 717.826.0839
HERSHEY 717.483.2311 |FAX: 717.925.8941

PLEASE CALL THE OFFICE TO SCHEDULE FRACTURE AND SAME DAY APPOINTMENTS

Referring Provider Name: ______________________________

Provider Phone #: ______________________________ **Provider Fax #:** ______________________________

Provider NPI: ______________________________

Patient's Name: ______________________________
Last First M.I.

Patient DOB: ______________________________ **Patient Email (if known):** ______________________________

Patient Home Phone: ______________________________ **Patient Cell:** ______________________________

If patient is a minor, please list parent/guardian: ______________________________

Reason for Appointment (Please circle)
Orthopedic Podiatry Pain Management
MRI (fax to 717.980.3710: MUST INCLUDE ORDER)
Physical Therapy (fax to the PT office fax number above: MUST INCLUDE PT SCRIPT)

Will this patient need an interpreter or translator? (Circle One):
No Yes: Sign Language Yes: Language (primary language) ______________________________

Please list if you are requesting a specific provider/location: ______________________________

Comments: ______________________________

PLEASE ATTACH PATIENT DEMOGRAPHICS, INSURANCE CARD, MOST RECENT OFFICE NOTE AND TEST RESULTS