



Where You Come First For Exceptional Care.

PLEASE DO NOT FAX FRACTURES OR SAME DAY APPOINTMENTS.
YOU MAY CALL THE OFFICE TO SCHEDULE THESE.
PHONE: 717-761-5530 or 800-834-4020 | FAX: 717-901-4247

Referring Providers Name: _____

Referring Providers Phone #: _____

Referring Providers Fax #: _____

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

Patient's DOB: _____

Patient's Primary #: _____

Reason For Appointment (Circle One): Consult Consult and Treat

Will this patient need an interpreter? (Circle One):
No Yes - Language Interpreter Yes - Sign Language Interpreter

Comments...

OIP left a message on _____ / _____ if pt does not return our call within 3 days we will fax the
date scheduler
form back to you for your records.

_____ Your patient has not returned our call to schedule an appointment. DATE _____ / SCHEDULER _____