



*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: 717-737-7197

**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 \_\_\_\_\_