



*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  
form back to you for your records.  
date scheduler

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