



**ORTHOPEDIC, PODIATRY, RHEUMATOLOGY & PAIN MANAGEMENT REFERRALS**

PHONE: 717.761.5530 ext. 8 (DR. LINE ONLY – Not for patients)

APPOINTMENT REQUEST/REFERRAL FAX: 717.901.4247

Direct Messaging: practice@oip.com

**MRI REFERRALS**

PHONE: 717.980.3710 | FAX: 717.920.1846

Direct Messaging: practice@oip.com

**PHYSICAL THERAPY REFERRALS**

CAMP HILL 717.920.2620 | FAX: 717.920.2621

CARLISLE 717.980.3568 | FAX: 717.826.0839

HARRISBURG 717.920.4950 | FAX: 717.920.4955

HERSHEY 717.483.2311 | FAX: 717.925.8941

MILLERSBURG 717.889.7321 | FAX: 717.207.7321

**PLEASE CALL THE OFFICE TO SCHEDULE FRACTURE AND SAME DAY APPOINTMENTS**

Referring Provider Name: \_\_\_\_\_

Provider Phone #: \_\_\_\_\_

Provider Fax #: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Last

First

M.I.

Patient DOB: \_\_\_\_\_

Patient Phone: \_\_\_\_\_

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

**Reason for Appointment (Please circle)**

Orthopedic    Podiatry    Pain Management    Rheumatology (does not treat Fibromyalgia)

MRI (fax to 717.920.1846 – MUST INCLUDE ORDER)

Physical Therapy (fax to the PT office fax number above – MUST INCLUDE PT SCRIPT)

**Will this patient need an interpreter? (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**