Consultation Request Form

Referring Physician Private Line: 717-747-8320
Appointment Schedule Line for Patient Use: 717-848-4800
Fax: 717-741-9867 or 717-741-0372

OSS Health
www.osshealth.com

Date: ________________ Check one: ☐ Urgent 24-48 Hours ☐ Non-Urgent

Provider (please print) : ________________________ ☐MD ☐DO ☐Podiatry ☐CRNP ☐PA-C ☐ Other

Actual Provider Signature Required: ____

Clinical Information:
Symptoms/Reason for Consultation: (please specify when applicable ☐ LEFT, ☐ RIGHT or ☐BILATERAL)

____

ICD 10 Code: (required for EMG/Nerve Conduction Studies and Physical Therapy): _______________________

Special needs: ☐ Interpreter Needed ☐ Hearing Impaired

Please ask the patient to bring a list of their MEDICATIONS, INSURANCE CARD(S), X-RAY FILMS, MRI FILMS, CT FILMS and other pertinent DIAGNOSTIC STUDIES along with them to their appointment.

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Provider Choice: (please check one) ☐ First Available <u>*OR*</u> ☐Specific Provider

Physicians: ☐Orthopaedic ☐Podiatrist (DPM) ☐Pain Mgmt ☐Rheumatology ☐Prim Care/Sports Med

___ Alhadeff, MD	___ Falci, DPM	___ Lin, MD (Pain)	___ Sicuranza, MD
___ Andrews, MD	___ Furman, MD (Pain)	___ Margetas, DO	___ Steinmetz, DO(Pain)
___ Ashana, MD	___ Gilhool, DO (Pain)	___ Messner, MD	___ Toro, MD (Rheum)
___ Bixler, MD	___ Granger, DPM	___ Ortenzio, DPM	___ Triantafyllou, MD
___ Caruthers, DO	___ Hensley, DPM	___ Pandelidis, MD	___ Ulmer, DO
___ Christian, MD	___ Hines, DO	___ Patel, MD	___ Wahlberg (Pain)
___ Curran, DO	___ Jackson, DO	___ Pollack, DO	___ Welter, DO
___ Elliott, MD (Hand)	___ Kelley, DO (Sports)	___ Rutter, DO	
___ Etienne, MD	___ King, DO	___ Schultz, MD (Pain)	

Please check a location:
___ 1855 Powder Mill Road, York, PA 17402 717-848-4800
___ 1665 Roosevelt Avenue, York, PA 17408 717-848-4800
___ 470 Eisenhower Drive, Hanover, PA 17331 717-633-0031
___ 20 Expedition Trail, Suite 110B, Gettysburg, PA 17325 717-339-0700 (Dr. Triantafyllou and Dr. Jackson only)
___ 856 Century Drive, Mechanicsburg, PA 17055 717-730-7099
___ 3230 Eastern Boulevard, York, PA 17402 717-755-0722 (Foot & Ankle - Falci, Hensley, and Ortenzio only)
____ 548 Chestnut Street, Columbia, PA 17512 717-848-4800 (Foot & Ankle, Pain Mgmt - Falci, Hensley and Schultz only)

Physical Therapy: ____
(please list – how many times per week and total number of weeks)

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Patient Name: (print please) ____
(first) (mi) (last)

Name of parent/guardian if patient is a minor: ____

Date-of-Birth: ________ /________ /_________ Phone Number: ___________________________________
Mo Day Year

Insurance: Primary - ____________________________ ID# _________________________________

Secondary - ___________________________ ID# _________________________________

Please fax the insurance REFERRAL if required, <u>AND</u> also a COPY OF THE PATIENT'S INSURANCE CARD.