



# Referring Provider Form

Scheduling: 336.545.5001 Fax: 336.544.1168

Email: referrals.triad@EmergeOrtho.com

### ORTHOPAEDIC SURGEONS

Ronald A. Gioffre, MD  
R. Andrew Collins, MD  
Jeffrey C. Beane, MD  
Kevin M. Supple, MD  
Frank V. Aluisio, MD  
William M. Gramig, III, MD  
Steven R. Norris, MD  
Matthew D. Olin, MD  
Fred W. Ortmann, IV, MD  
Dahari D. Brooks, MD  
John D. Hewitt, MD  
Brian J. Swintek, MD  
Jason P. Rogers, MD  
James J. Creighton, III, MD

### PHYSICAL MEDICINE & REHABILITATION

Richard D. Ramos, MD

### FAMILY PRACTICE/SPORTS MEDICINE

Adam S. Kendall, MD

### SERVICES

Orthopaedic Surgery  
Sports Medicine  
Worker's Compensation  
Total Joint Replacement Surgery  
Shoulder Surgery  
Spine Surgery  
Hand/Wrist/Elbow Surgery  
Foot & Ankle Surgery  
Physical Medicine & Rehabilitation  
Therapy Services  
Diagnostic Imaging including MRI

### LOCATIONS

Greensboro: Signature Place  
3200 Northline Ave.  
Suites 160 & 200  
Greensboro, NC 27408

Madison  
401 West Decatur St.  
Madison, NC 27025

### Contact

Main: 336.545.5000  
Appointments: 336.545.5001

Patient Name: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (Cell): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last 4 digits of SSN#: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_

\*Carolina Access:

Referring Physician: \_\_\_\_\_

NPI# of Referring Physician: \_\_\_\_\_

# of Authorized Visits: \_\_\_\_\_

Injury/Condition: \_\_\_\_\_

\*\*\*Please attach patient demographic information and office notes.

Work Related? (Circle One): Yes / No

If yes, Name of Employer: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

NC Claim? (Circle One): Yes / No Claim #: \_\_\_\_\_

Carrier: \_\_\_\_\_

Carrier Address: \_\_\_\_\_

Adjuster Phone #: \_\_\_\_\_ Adjuster Fax #: \_\_\_\_\_

Rehab RN Phone #: \_\_\_\_\_ Rehab RN Fax#: \_\_\_\_\_

Referring Provider Name (MD, PA, NP, DC, other): \_\_\_\_\_

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

Provider Address: \_\_\_\_\_

Referral Coordinator Comments: \_\_\_\_\_

### Official Use Only:

Date of Appointment: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

Location: (Circle One)

Greensboro: Signature Place

Madison

MD/PA: \_\_\_\_\_