

**Patient Referral**

**Palmetto Health USC  
ORTHOPEDIC CENTER**

Patient Name (First, Middle Initial, Last) \_\_\_\_\_

Address \_\_\_\_\_

Gender:  Male  Female      DOB: \_\_\_\_\_      SSN: \_\_\_\_\_

Best telephone number to reach patient: \_\_\_\_\_  
Circle best one:                      Home                      Mobile                      Work

DOI: \_\_\_\_\_      Body Part(s): \_\_\_\_\_      (indicate left or right, if appropriate)

Diagnosis: \_\_\_\_\_

**Requesting Provider Information**

Requesting Practice and Provider Name: \_\_\_\_\_

Requesting Provider Telephone: \_\_\_\_\_      Requesting Provider Fax: \_\_\_\_\_

NPI #: \_\_\_\_\_      Referral Office Contact: \_\_\_\_\_

Has the patient had X-rays, MRI, or other imaging?  Yes  No (If yes, please provide written reports and images for the appointment)

Has the patient been treated by another specialist for this problem?  Yes  No

Specialist's Name: \_\_\_\_\_

**Insurance Information**

Please fax a copy of picture ID and insurance card. If this is a Workers' Comp injury, we cannot file private insurance; the carrier must contact us.

Does the patient have medical insurance?  Yes  No      Is precertification required?  Yes  No      Authorization #: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_      Date of Birth of Policy Holder: \_\_\_\_\_

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

ID/Policy #: \_\_\_\_\_      Group #: \_\_\_\_\_

Secondary Insurance Company: \_\_\_\_\_

ID/Policy #: \_\_\_\_\_      Group #: \_\_\_\_\_

Address (for insurance claims) \_\_\_\_\_

If patient is a minor and/or covered under their parent's insurance, please complete:

Guarantor's Name (First, Middle Initial, Last) \_\_\_\_\_

**Please fax your requests\*\* directly to 803-296-9699:**

**Sports Medicine**

Dr. Kyle Arthur (NonOp)  
Dr. Guillaume Dumont  
Dr. Jeffrey Guy  
Dr. Wendell Holmes  
Dr. Christopher Mazoué  
Dr. Frank Noojin  
Dr. Mickey Plymale  
Dr. Matthew Pollack (NonOp)

**Foot and Ankle**

Dr. Benjamin Jackson  
Dr. Ryan Putnam  
Dr. Bret Smith

**Pediatric Orthopedics**

Dr. Michael Horan  
Dr. Christopher Hydorn  
Dr. Mark Locke  
Dr. Kristen Nathe  
**Spine**  
Dr. Doug deHoll  
Dr. Bill Felmly  
Dr. Gregory Grabowski  
Dr. Kamran Koranloo (NonOp)  
Dr. Praniitha Nallu (NonOp)  
Dr. Michael Peelle  
Dr. David Scott (NonOp)  
Dr. James Viapiano (NonOp)

**Joint Replacement**

Dr. Kim Chillag  
Dr. Jeffrey Hopkins  
Dr. David Koon  
Dr. Andy McGown (NonOp)  
Dr. Bradley Presnal  
Dr. Frank Voss

**Upper Extremity**

Dr. John Clavet (NonOp)  
Dr. David Fulton  
Dr. Earl McFadden  
Dr. James McFadden  
Dr. John Walsh

**Sumter**

**Fax: 803-774-1791**  
Dr. Danny Ford  
Dr. Kurt Stroebel  
Dr. Ryan Zitzke

300 Palmetto Health Pkwy.  
Suite 200  
Columbia, SC 29212

2 Medical Park Rd.  
Columbia, SC 29203

14 Richland Medical Park Dr.  
Suite 200  
Columbia, SC 29203

104 Saluda Pointe Dr.  
Lexington, SC 29072

100 Palmetto Health Pkwy.  
Suite 320  
Columbia, SC 29212

101 Business Park Blvd.  
2nd Floor  
Columbia, SC 29203

803-296-7846 phone

100 N. Sumter St.  
Suite 200  
Sumter SC 29150

803-774-7621 phone

PHUSCOrthoCenter.org

\*\*We will be happy to respond to all referral requests within 24 hours of receipt Monday-Thursday, and by the next business day on Friday. Our staff will schedule all appointments with patients and then communicate appointment information back to the referring physician's office.

**OFFICE USE ONLY:** Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_ Doctor: \_\_\_\_\_