Goshen Physicians
ORTHOPEDICS & SPORTS MEDICINE

Goshen Orthopedics
1824 Dorchester Ct. Suite A
Goshen, Indiana 46526

Hours of operation: Mon-Fri 6 a.m-6 p.m.
Except Tues 8 a.m 4:30p.m
To schedule please call (574) 534-2548
Fax Order to (574) 534-3622

Patient Name _____

Date of Birth_____Social Security # _____

Address _____

City_____State_____Zip _____

Telephone # _____

Primary Insurance _____

Primary Policy #_____Group # _____

Secondary Insurance _____

Secondary Policy #_____Group # _____

Ordering Physician Signature _____

Ordering Physician (Print) _____

Primary Care Physician_____

Send Copy to _____

Fax Results to _____

Diagnosis #1_____ICD-10 Code _____

Diagnosis #2_____ICD-10 Code _____

Diagnosis #3_____ICD-10 Code _____

Diagnosis #4_____ICD-10 Code _____

Request for Opinion

Consult Request to**:** _____

A request for opinion and consult for the above-named patient is being sent to Goshen Orthopedics and Sports Medicine for the following reasons:

_____

_____

_____

The physician requesting this opinion understands that the consulting physician may initiate treatment or perform medically necessary diagnostics for this patient. The consulting physician will send the requesting physician an opinion and plan of care.

****Please sign and return by fax to 574-534-3622****

This portion to be completed by Goshen Physicians Orthopedics

Appointment Date: _____

Confirmation fax sent to requesting physician: Today's date _____

Attending Physician: _____
(Please print)

1824 Dorchester Court, Suite A, Goshen IN 46526
Ph. 574.534.2548 Fax 574.534.3622

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