Goshen Orthopedics
GOSHEN PHYSICIANS

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

Hours of operation: Mon-Fri, 6 a.m. to 5 p.m.
Except Tues 8 a.m. to 5 p.m.
To schedule: please call (574) 534-2548
Fax order to: (574) 534-3622

Patient Name _____

Date of Birth _____ SS# _____

Address _____

City _____ State _____ Zip _____

Telephone# _____

Primary Insurance _____

Primary Policy# _____ Group# _____

Secondary Insurance _____

Secondary Policy# _____ Group# _____

Ordering Physician Signature_____

Ordering Physician (Print) _____

Primary Care Physician _____

Sendy 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 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 Orthopedics

Appointment Date: _____

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

Attending Physician: _____
(Please print)

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Ph. (574) 534-2548 | Fax (574) 534-3622

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