



PARIS ORTHOPEDICS AND SPORTS MEDICINE

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Orthopedic Referral Form

When referring, please include demographics, insurance, and office note pertaining to this referral.

Note: If the patient's insurance requires a referral authorization, please fax it with this referral.

Patient Name: _____ DOB: _____

Body Part Being Referred For: _____

Other Notes: _____

Thank you for choosing Paris Orthopedics and Sports Medicine