



Rhode Island Hospital
A Lifespan Partner

Rhode Island Hospital
2 Dudley Street
Cooperative Care Building (Coop) 1st Floor
Providence, RI 02905 Phone: 401-444-5662 Fax: 401-444-4557
<http://www.lifespan.org/rih/services/ambulatory/>

ORTHOPEDIC CLINIC

MR#

Session Times: Monday through Friday
Please check the specific clinic/service requested:

- Orthopedic / Hand Clinic
- Orthopedic / Sport Clinic
- Orthopedic / Adult Clinic
- Orthopedic / Adult Spine
- Orthopedic / Trauma Clinic

Patient's Name: _____	Date of Referral: _____
Address: _____	Requesting Physician: _____
DOB: _____ Sex: _____	Address: _____
SS#: _____	_____
Interpreter Required: Y N Language: _____	_____
Phone: _____	Phone: _____
Insurance: _____	Fax: _____

PLEASE REVIEW THE FOLLOWING GUIDELINES AND INCLUDE THE REQUIRED INFORMATION WITH THE REFERRAL. *Please note that when required all blood-test results must accompany the referral. Patients with no insurance, in need of plain x-ray, may proceed to the Rhode Island Hospital (RIH) radiology department with an appropriate order from the referring clinician. US, CT, MRI must first be scheduled by the referring clinician and the patient must call 444-7850 to speak to a Patient Financial Services (PFS) advocate if they choose to seek financial assistance from RIH. Thank-you!*

GUIDELINES	Please follow the guideline below to facilitate patient care
All REFERRALS:	Include pt's last PE, progress note for visit that generated referral, current med list, & pertinent labs
Fractures	Cannot accept Facial, Skull, or Ribs Fractures Include: Date and name of ER and X-ray report if possible
Back Pain Scoliosis	Patient must receive and fail NSAID and physical therapy x's 2 months before x-rays and referral is completed Include: AP & Lateral X-ray and MRI of C-Spine, T-Spine, or L-Spine
Hip Pain	Include: AP Pelvis, Hip AP, and Lateral X-rays
Foot Problems Surgical clinic only	Cannot accept Diabetes Foot Care, In Grown Toe Nails, or Foot Ulcers Refer to Vascular or Podiatrist
Hand Problems	Hand/wrist pain or if carpal tunnel suspected obtain & include an EMG & Nerve Conduction
Knee Pain	Before Referral, pt must receive NSAID (unless Contraindicated) and PT for 2 months Include: AP Lateral X-ray, Sunrise and tunnel views, MRI if question of internal derangement
Shoulder Pain	Before Referral, pt must receive NSAID (unless Contraindicated) and PT for 2 months Include: MRI if question of rotator cuff tear. AP Ax Lateral & outlet X-ray

Reason for Referral: _____

Signature: _____ Print Name: _____