

Patient Label

Occupational Therapy:

1450 Poydras Street, First Floor Phone: 504.903.5064
New Orleans, LA 70112 FAX: 504.903.5010

Fax referral to OT (903-5010) and provide a copy of the referral for the patient to bring to the appointment

From: BMC EKL LJC LAK ILH UMC WOM Other: _____

Attending Provider: _____ ID Number: _____

Patient's Name: _____ Date of Referral: ____/____/____

Date of Birth: ____/____/____ Medical Record Number: _____

Mailing Address: _____

1° Contact Number: (____) - ____ - ____ 2° Contact Number: (____) - ____ - ____

Evaluate and Treat:

Breast:

- 174.0 Breast Cancer
- 457.0 Lymphedema 2° mastectomy
- V45.71 Mastectomy

Neurologic:

- 854 Brain: injury NOS
- 357.81 CIDP
- 250.60 Diabetic Neuropathy
- 357.0 Guillane-Barre Syndrome
- 342.90 Hemiparesis + Hemiplegia
- 340 Multiple Sclerosis
- 355.9 Neuropathy
- 344.1 Paraplegia
- 344.0 Quadriplegia
- 434.91 Stroke, ischemic
- 431 Stroke, hemorrhagic
- 435.9 Transient ischemic attack

Orthopedic, Amputation:

- V49.66 Elbow, Above
- V49.65 Elbow, Below
- V49.62 Fingers
- V49.76 Knee, Above (AKA)
- V49.75 Knee, Below (BKA)
- V49.61 Thumb

Orthopedic, Arthritis:

- 715 Osteoarthritis
- 714.0 Rheumatoid

Orthopedic, Fractures:

- 814 Carpal bones
- 813 Forearm: radius and ulna
- 829.0 Fracture, unspecified
- 812 Humerus
- 817 Multiple, bones of hand (MCP+phalanges)
- 816 Phalanx fracture
- 811 Scapula

Orthopedic, Other:

- 953.4 Brachial Plexus Injury
- 278.00 Finger Deformity
- 959.2 Injury shoulder and upper arm
- 959.3 Injury Elbow, forearm, wrist
- 959.5 Injury Finger
- 959.4 Injury Hand
- 957.9 Injury, Nerve, NOS
- 718.4 Joint contracture
- 719.9 Joint disorder, NOS
- 719.50 Joint Stiffness, NOS
- 726.32 Lateral epicondylitis
- 726.31 Medial epicondylitis
- 727.00 Synovitis & tenosynovitis
- 726.90 Tendonitis NOS
- 727.03 Trigger finger
- 727.63 Tendon rupture/repair, Extensor
- 727.64 Tendon rupture/repair, Flexor
- V43.64 Total Hip Replacement

Orthopedic, Shoulder:

- 726.0 Adhesive capsulitis of shoulder
- 726.1 Rotator cuff syndrome/supraspinatus syndrome
- 727.61 Rotator cuff tear
- 726.10 Shoulder pain/bursitis

Pain:

- 354.0 Carpal Tunnel Syndrome
- 729.1 Fibromyalgia
- 719.40 Pain in Joint, arthralgia
- 729.5 Pain in limb
- 337.20 Reflex Sympathetic Dystrophy

Soft Tissue:

- 949.0 Burn NOS
- 709.2 Scar conditions
- 884 Wound of upper limb, NO

Other: ICD: _____ Diagnosis: _____

Clinical History Relevant to this Referral: _____

Precautions: _____

Treatment Specifications: _____

Referring Provider's Signature: _____ ID Number: _____

Contact No.: (____) - ____ - ____ Referring Service/Clinic: _____

Fax No.: (____) - ____ - ____ Email: _____

OFFICE USE ONLY: Appointment Date: ____/____/____ Time: ____ am/pm.

If not scheduled, Indicate Reason & Recommendation: _____

Reviewing Provider's Signature: _____ ID Number: _____

Contact Number: (____) - ____ - ____ Rev 09/01/09