LSU Health System
Interim LSU Hospital in New Orleans

Patient Label/Stamp

Orthopedic Clinic

Fax: 504.903.1605

Referral from: __BMC __EKL __LJC __LAK
__LIH __UMC __WOM __Other: _____

Attending Provider: _____ ID Number: _____

If Patient Label/Stamp is Not Available Please Complete the Following:

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

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

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1˚ Contact Number: _____ **2˚ Contact Number:** _____

Email Address: _____

Indicate Reason for Referral: ***Note needed workup in ( ) with key below

___682.4 Abscess or cellulitis (hand or arm) **(1)**
___682.7 Abscess or cellulitis (foot or leg) **(1)**
___831.04 AC joint injury/disease **(2)**
___886.0 Amputation (index finger) traumatic
___895.0 Amputation (toe) Traumatic
___845.00 Ankle Sprain or Strain **(4)**
___733.40 Avascular Necrosis **(5)**
___727.51 Baker's Cyst knee **(5)**
___733.20 Bone Cyst **(5)**
___V54.1 Bone Fracture Follow-up **(4)**
___733.90 Bone Lesion **(6)**
___726.91 Bone Spur **(3)**
___727.3 Bursitis **(3)**
___354.0 Carpal Tunnel Syndrome **(8)**
___996.7 Complication of Prosthesis or Device **(4)**
___998.9 Complication of Prior Surgery **(4)**
___832.00 Dislocated elbow **(4)**
___834.00 Dislocated Finger or Thumb **(4)**
___836.5 Dislocated: knee or patella **(3)**
___831.00 Dislocated: shoulder, recurrent **(2)**
___727.41 Ganglion Cyst **(4)**
___726.2 Impingement syndrome: shoulder **(7)**
___996.66 Infection/Inflammation Joint Prothesis **(1)**
___996.67 Infection/Inflammation Ortho Device **(1)**
___V43.60 Joint Replacement: finger, hip, knee **(3)**
___V58.3 Laceration Follow-up
___214.9 Lipoma **(3)**
___719.6 Mass: ankle or foot **(4)**
___719.6 Mass: Arm, or knee **(3)**
___836.3 Patella Subluxation **(3)**
___726.64 Patella Tendonitis **(3)**
___727.66 Patella Tendon Rupture **(5)**
___998.51 Postoperative Infection, Seroma **(1)**
___998.59 Postoperative infection, Other **(1)**
___840.4 Rotator Cuff Tear or Injury **(7)**
___836.2 Tear of Cartilage or Meniscus of Knee **(5)**
___727.60 Tendon Injury, Tear, or Rupture **(5)**
___727.05 Tenosynovitis of Hand and/or Wrist **(3)**
___727.03 Trigger Finger/Thumb **(3)**
___841.1 Ulnar Collateral Ligament injury **(3)**
___727.00 Synovitis & Tenosynovitis **(3)**
__Other ICD:___ Diagnosis: _____

(1) Obtain CBC, C - reactive protein, ESR
(2) X-ray 3 views shoulder: AP, Axillary, Scapular Y
(3) X-Rays: AP & Lat. views of affected bone or joint
(4) X-rays: AP, Lat. & Oblique of affected bone, joint
(5) X-Rays (AP & Lat.) and MRI of affected area
(6) X-rays (AP & Lat.) and CAT Scan of affected area
(7) X-rays (3 views of Shoulder) and MRI
(8) 3 views of hand & 3 views of wrist, referral with abnormal EMG/NCV study

Clinical History Relevant to this Referral: _____
_____
_____
_____

Referring Provider's Signature: _____ ID Number: __ __ __ __ __
Contact Number: __ __ __-__ __ __-__ __ __ __ Referring Service/Clinic: _____
Fax Number: __ __ __ - __ __ __ - __ __ __ __ Email: _____

OFFICE USE ONLY: Appointment Date: _____/_____/_____ Time: __:__ am/pm.
If not scheduled, Indicate Reason & Recommendation: _____
_____
_____

Reviewing Provider's Signature: _____ ID Number: _____
Contact Number: __ __ __-__ __ __-__ __ __ __

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