



3301 East First Street, Suite A \* Vidalia, GA 30474  
Phone (912)537-4411 \* Fax (912)538-8485  
Located in: Vidalia, Dublin, Hazlehurst, Sandersville, Swainsboro

## REFERRAL FORM

\*\*\*Please send patient demographics, last office note, most recent labs, and tests.\*\*\*

Today's Date: \_\_\_\_\_

Provider: ☐ 1st Available  
☐ Dr. Mark Spivey  
☐ Dr. Casey Spivey  
☐ AJ Champion III, PA-C ATr  
☐ Rick Proenza, PA-C (Concussion Specialist)  
☐ Dr. Patrick Hanson  
☐ Phil Boatright, PA-C  
☐ Hunter Lynn, PA-C

Patients Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient Phone: \_\_\_\_\_ Patient Email: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Referral Number (if required): \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Is this MVA related: ☐ Yes ☐ No Is this Work Comp related: ☐ Yes ☐ No

Referring Physician \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

-----SPIVEY ORTHOPEDIC CLINIC OFFICE USE ONLY-----

Patient Notified: ☐ Left message ☐ Spoke with patient ☐ Unable to Reach Patient/ \_\_\_\_\_

Date/Time of Appointment \_\_\_\_\_