



Prosthetic & Orthotic Referral Form

John T. Brinkmann, CPO, LPO, FAAOP
Certified and Licensed Prosthetist/Orthotist

DATE: _____ PHYSICIAN: _____

HOSPITAL: _____ RM#: _____ CONTACT NAME: _____

CONTACT PHONE#: _____ CONTACT FAX #: _____

PATIENT: _____ DOB: _____

PRIMARY DIAGNOSIS: _____

CONDITION BEING TREATED: _____

PROSTHETIC SERVICES

Evaluate and recommend treatment

Pre-amputation consult

Immediate Post-Operative Care

Removeable Limb Protector

Rigid Dressing (Cast)

Shrinkers

Prosthetic fitting

ORTHOTIC SERVICES

Evaluate and recommend treatment

Lower Extremity Bracing

Ankle Foot Orthosis (AFO)

Knee brace

Spinal Bracing

Custom Nocturnal

Off-the-shelf Boston Style

Special instructions:
Please specify any brand or design requirements.

Physician signature: _____ Date: _____

PLEASE FAX FORM TO: 815.381.7498 AND CALL 815.484.6920 FOR IMMEDIATE ASSISTANCE.
Pager: 815-971-7777

During normal business hours

1. Call **815.484.6920** and speak with Phyllis Dillard, Office Administrator.
2. Identify the patient, referring physician, item being ordered, side and level of amputation, and location of surgery.
3. Fax Referral Form above and face sheet to **815.381.7498**.

After hours

1. Page **815.971.7777**
2. Leave a message with the operator that includes: Your name and phone number, ordering physician's name, item being ordered, patient's name, hospital and room number, amputation level and side.
3. Fax Referral Form and face sheet to **815.381.7498**.

On-call Services - For immediate post-operative prosthetic cases notify the Prosthetic Department at Rockford Orthopedic Associates **1 day prior to surgery** . Page John Brinkmann at 815.971.7777 when the surgical closure is complete.