



SOUTHERN ORTHOPEDIC REFERRALS

In order to arrange a referral with one of our orthopedic surgeons, please include the following information with the referral letter:

Ankle <input type="checkbox"/> X-ray views: AP and lateral Mortis view <input type="checkbox"/> Image on disc to follow	Knee <input type="checkbox"/> X-ray views: Standing AP, lateral knee and Skyline pattern <input type="checkbox"/> MRI if available <input type="checkbox"/> Image on disc to follow
Elbow <input type="checkbox"/> X-ray views: AP and lateral <input type="checkbox"/> Image on disc to follow	Shoulder <input type="checkbox"/> X-ray views: AP lateral and axial view <input type="checkbox"/> MRI if available <input type="checkbox"/> Image on disc to follow
Foot <input type="checkbox"/> X-ray views: Standing AP, lateral and oblique <input type="checkbox"/> Image on disc to follow	Wrist <input type="checkbox"/> X-ray views: AP, lateral and oblique including Carpal Tunnel <input type="checkbox"/> Image on disc to follow
Hip Pain <input type="checkbox"/> X-ray views: AP pelvis including B/L hips Affected hip AP and lateral <input type="checkbox"/> Image on disc to follow	

Please **fax** the above information **including** this checked referral list to:

Attn: Joyce at 204-325-4594

An appointment will be made once all the information is received.

If you have any questions please call Joyce directly at 204-331-2302. Thank you.