



Rebound Orthopedic Specialist Referral Request

Please Call For Appointment or Fax This Form

Patient Information:

Name: _____ DOB _____
Phone: _____
Insurance Carrier: _____

Appointment Type:

- Next Available Urgent – within one week

For Emergent (within 48 hours) Please Call Our Office at 360-254-6165

For Emergent Appointments at Our Portland Office Please Call 503-REBOUND

Specific Physician Requested:

Please schedule first available appointment with any of the physicians

For a complete list of our Orthopedic Surgeons please see our website at www.reboundmd.com

Imaging Available? Yes No Type and location done: _____

Office Notes/Imaging Reports Faxed? Yes No

Reason for Referral:

Referring Physician & Contact Number: _____

Referral Coordinator & Contact Number: _____

Please indicate if you would like a phone call from the physician consulting on your patient

Contact Information:

Rebound Orthopedics Vancouver: (360) 254-6165

Rebound Orthopedics Portland: (503) REBOUND

Fax this form and records to: (360) 449-1090

Office Hours: 8:30 a.m. to 5:00 p.m.

We will contact the patient directly to schedule an appointment after receiving your fax