

Humboldt County Referral Form – Specialty Guidelines

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V12.7.15

- **Please ask your patient to contact us to schedule an appointment 5-10 business days after sending the referral.**
- **At this time, we are unable to accommodate referrals for spine, total joints or ACL injuries.**
- **Unless urgent, eRAF must be included in the referral for patients with Partnership Health Plan.**
- **Referral fax: 707-826-7119**

Reason for Referral (Clinical Question)	“Required” Clinical Testing & Documentation	“Preferred” Additional Clinical Testing & Documentation
<ul style="list-style-type: none"> • All Joint Pain (shoulder, elbow, hand, hip, knee, ankle, foot) 	<ul style="list-style-type: none"> • Current X-rays or MRI if indicated • Most recent clinical notes • Medication list 	If prior surgery, need operative report
<ul style="list-style-type: none"> • Carpal Tunnel and ulnar nerve symptoms 	<ul style="list-style-type: none"> • Nerve Conduction Studies 	If prior surgery, need operative report