Dr. Paul B. Jacob
REFERRAL FORM

Oklahoma Joint Reconstruction Institute
Paul B. Jacob, DO

Thank you for choosing to refer your patient to Oklahoma Joint Reconstruction Institute. To start the referral process, please complete this form and fax it directly to the clinic . FAX diagnostic information such as the History & Physical, Radiology Reports, Operative Reports, EMG/NCS, etc…

Fax this for to 405-424-5431 or email to referral@drpauljacob.com. For assistance please call 405-424-5426

REFERRING PHYSICIAN INFORMATION

Referring Physician ______________________

Date ______________________ Fax ______________________

No. of pages ______________________ Phone ______________________

PATIENT INFORMATION

Name of Patient ______________________

DOB ______________________

Home Phone ______________________ Cell Phone ______________________

Email Address ______________________

Address ______________________

City ______________________ State ______________________ Zip ______________________

Insurance ______________________

CONSULTATION REQUEST INFORMATION

Reason For Referral Knee Replacement Revision Knee Replacement Hip Replacement Revision Hip Replacement

Other Diagnosis ______________________

Type of Referral Emergent Urgent Standard Second Opinion **Patient is aware of referral:** Yes No

Imaging / Testing X-Ray CT MRI Bone Scans DEXA EMG / Nerve Conduction Labs

Treatment Attempted Weight Loss Activity Modification OTC Meds Prescription NSAIDS Opioid Based Pain Meds

Steroid Injections HA Injections P.T. Bracing Walkers / Canes / Crutches Other

Other ______________________

OFFICE USE ONLY

Patient Appointment Date and Time ______________________ Scheduled By ______________________

Other Information ______________________

NOTICE OF CONFIDENTIALITY: This is a confidential fax and is intended solely for the person indicated above. If you are not the intended person, you are hereby notified of the confidential nature of this fax and that you are not entitled to read, copy or otherwise disseminate any of the information contained herein.

9800 Broadway Ext. Suite 201 Oklahoma City, Oklahoma 73114 Phone – (405) 424-5426 Fax – (405) 424-5431
www.OJRI.com www.drpauljacob.com www.robotichipandkneereplacement.com www.jointsensor.com