# MILLIKEN HAND REHABILITATION CENTER
## OUTPATIENT REFERRAL FORM

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone #</td>
<td>Frequency/Duration</td>
<td>Next MD visit</td>
</tr>
<tr>
<td>ICD-10 code(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Onset</td>
<td>Date of Surgery</td>
<td></td>
</tr>
</tbody>
</table>

### Physician Order for:

- □ Hand Therapy (OT/PT)  ___OT  ___PT
- □ Evaluate and Treat as Necessary
- □ AROM
- □ PROM
- □ Wound Care / Whirlpool

### Restrictions

### Orthosis:

- □ Finger Based
- □ Hand Based
- □ Forearm Based
- □ Clam Shell
- □ Anti-claw
- □ Mallet / Boutonniere
- □ Thumb Spica
- □ Wrist Cock-up
- □ Oval-8
- □ Metacarpal Cuff

Orthosis Fabrication Specifications:

---

**MD Signature/Print**

Phone/Pager

Please fax notes and items requiring MD signature to