

Center for Advanced Medicine
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(Phone & Fax # not affiliated with Physician)



Outpatient Orthopedic Center
14532 S. Outer Forty Road Ste. 120
Chesterfield, MO 63017
314-286-1669
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Occupational Therapy

MILLIKEN HAND REHABILITATION CENTER OUTPATIENT REFERRAL FORM

Name _____ Date of Birth _____ Date _____

Phone # _____ Frequency/Duration _____ Next MD visit _____

ICD-10 code(s) _____

Diagnosis _____

Surgery _____

Date of Onset _____ Date of Surgery _____

Physician Order for:

Other/Comments

Hand Therapy (OT/PT) __OT __PT

Evaluate and Treat as Necessary

AROM

PROM

Wound Care / Whirlpool

Restrictions

Orthosis:

Finger Based

Mallet / Boutonniere

Dorsal Block

Hand Based

Thumb Spica

P1 Block

Forearm Based

Wrist Cock-up

Long Arm _____

Clam Shell

Oval-8

Static Prog _____

Anti-claw

Metacarpal Cuff

Dynamic _____

Orthosis Fabrication Specifications: _____

MD Signature/Print _____

Phone/Pager _____

Please fax notes and items requiring MD signature to _____