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Thibodaux – 726 North Acadia Road
Franklin – 1105 Northwest Boulevard
Lutcher – 1731 Lutcher Avenue
Raceland – 4560 Highway One
Houma – 180 Corporate Drive
Laplace – 465 Belle Terre Boulevard

REFERRAL FORM

Date _____

Patient name _____ Date of Birth _____

Address _____ Phone #/s _____

Email address _____

Parent/Guardian name if patient is a minor _____

Guarantor Name/Relation to patient _____

Insurance Company, Group ID, Policy # _____

Insurance phone #/address _____

Patient complaint _____

Referring provider name _____

Referring provider contact/phone# _____

Email address _____

orthoLA preferred provider, if any _____

Preferred Location:

Thibodaux: 726 North Acadia Blvd, Ste 1000

Houma: 180 Corporate Drive

Raceland: 4560 Hwy 1, Suite 2

Franklin: 1105 Northwest Boulevard

LaPlace: 465 Belle Terre Boulevard

Lutcher: 1731 Lutcher Avenue, Suite 1500

Thank you for your referral. Please fax this form to our intake coordinator, **985-625-2206** or **985-492-1212**. We will follow up with you regarding the disposition of this patient. Please attach any notes or image reports you have on the patient.