Shriners Hospitals for Children®
Greenville
Love to the rescue.

Shriners Hospitals for Children®
950 West Faris Road
Greenville, SC 29605
(864) 271-3444

Pediatric Orthopaedic Care

Patient Referral Form

There are two easy ways to refer a patient:

1. Complete this form and fax it to: (864) 240-3111
2. Call our referral line at: (866) 459-0013

PATIENT INFORMATION – *Please include patient's face sheet with this referral*

Child's Full Name:		
Gender: ☐ Male ☐ Female	Age:	Date of Birth:
Parent/Guardian Name:		
Street:		
City:	State:	Zip:
Phone Number:	Alt. Phone Number:	
Email Address:	Need a Spanish Interpreter? ☐ Yes ☐ No	
Reason for Referral/Diagnosis:		

REFERRING PROVIDER'S INFORMATION – *If applicable. We accept self-referrals*

Name:	☐ MD ☐ DO ☐ NP ☐ PA ☐ Other:_____	
Practice/Agency Name:		
Street:		
City:	State:	Zip:
Phone:	Fax:	
NPI (provider or office):		

FOR INJURY CARE REFERRALS

Date of Injury:	Location of Injury:	Surgery Performed? Yes No
Treatment? Yes No	If so what & where?	
Mechanism of Injury:		
Medications Prescribed?		Images? X-ray MRI