



REQUEST FOR H&P CLINIC APPOINTMENT

Surgery Optimization Clinic

Polyclinic, 3 Landis
2501 North Third Street
Harrisburg, PA 17110

366 Alexander Spring Road
Suite 2
Carlisle, PA 17015

Phone: 717-782-4785
Fax: 717-782-6471

Date of Referral: _____

Patient Name: _____ **Phone Contact #** _____

Patient DOB: _____

Procedure: _____

Location: ☐ Carlisle ☐ Community Osteopathic ☐ Hanover ☐ Harrisburg ☐ Lititz ☐ West Shore ☐ York

Date of surgery: _____

Referring Surgeon: _____ **Office phone number:** _____

Please include the following information with referral:

- Current office notes
- Insurance information
- Patient demographics
- Health history and problem list
- Social history
- History of past surgeries

Please fax referral and patient information to
717-782-6471