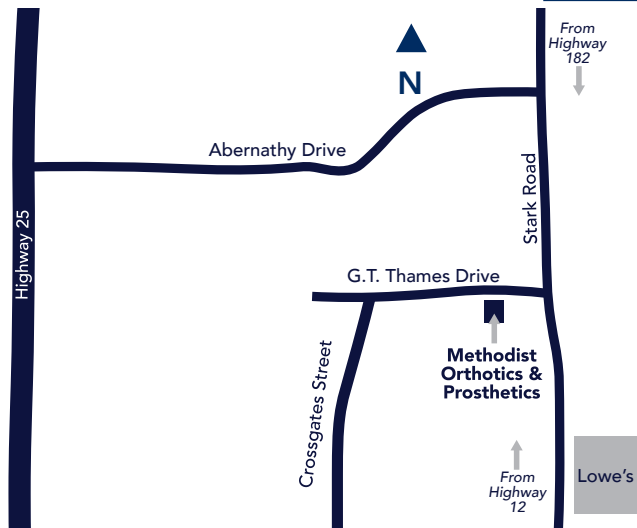


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fax: (662) 615-6143

Methodist Orthotics and Prosthetics Referral Form

Diagnosis _____

Patient name _____

Prescription:

___ Evaluation for Diabetic Shoes & Inserts ___ Orthotic Evaluation ___ Prosthetic Evaluation

Other _____

Physician Signature _____ Date _____

Office Sites

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Phone: 601-936-8899

FAX: 601-936-8896

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FAX: 601-553-8612

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Phone: 601-264-0359

FAX: 601-264-8154

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Phone: 662-615-6133

FAX: 662-615-6143

Cleveland, MS

Phone: 662-846-6555

FAX: 662-846-6655

Oxford, MS

Phone: 662-234-8193

FAX: 662-234-8195

Monroe, LA

Phone: 318-410-0846

FAX: 318-410-0947

Referral forms may be faxed to the numbers above or delivered by the patient at time of visit.

Call 1 866-306 -9933 for more information about our various locations.