Virginia Oncology Associates

Osteoarthritis Radiation Therapy Referral Form

Hampton CarePlex
3000 Coliseum Drive, Suite 104
Hampton, VA 23666

Princess Anne
1950 Glenn Mitchell Dr., Ste. 100
Virginia Beach, VA, 23456

Date: _____/_____/_____

Referring Physician: _____

Referring Physician Phone #: _____ Referring Physician Fax #: _____

Patient Name: _____ DOB: ____/____/____

TO REFER OR SCHEDULE A NEW PATIENT:

Fax
Hampton: 757-827-2432
Princess Anne: 757-368-1111

Phone
Hampton: 757-827-2430
Princess Anne: 757-368-1100

☐ First Available
☐ Chike O. Abana, M.D.
☐ Song K. Kang, M.D.
☐ Jacob T. Hall, M.D.
☐ Michael L. Miller, D.O.

Please include:
- Demographic sheet
- Insurance (copy of card, front/back)
- Office notes
- Imaging report (if any available)

Criteria for treatment with LDRT for OA

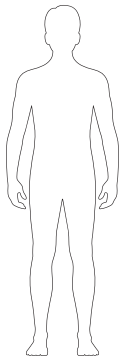
- Appropriate after the exhaustion of other medical interventions or before more aggressive interventional treatments such as joint replacement (if more conservative treatment is desired)
- Older than age 40
- No known contraindications to radiation (pregnancy, active connective tissue disorder)
- LDRT = low-dose radiation therapy; OA = osteoarthritis

Reason for Referral

M19.0 Osteoarthritis of joints

Area for consideration of low dose radiation for osteoarthritis:

Right Left



Knee OA	☐ RIGHT	☐ LEFT
Hip OA	☐ RIGHT	☐ LEFT
Hand OA Ankle	☐ RIGHT	☐ LEFT
OA Shoulder OA	☐ RIGHT	☐ LEFT
Plantar fasciiti	☐ RIGHT	☐ LEFT
Elbow syndrome	☐ RIGHT	☐ LEFT
	☐ RIGHT	☐ LEFT

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