

# Osteoarthritis Radiation Therapy Referral Form

**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

**Princess Anne:** (757) 368-1111

### Phone

**Princess Anne:** (757) 368-1100

- First Available
- 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

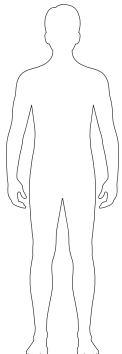
## Reason for Referral

### **M19.0 Osteoarthritis of joints**

Area for consideration of low dose radiation for osteoarthritis:

Right

Left



- |                  |                                |                               |
|------------------|--------------------------------|-------------------------------|
| Knee OA          | <input type="checkbox"/> RIGHT | <input type="checkbox"/> LEFT |
| Hip OA           | <input type="checkbox"/> RIGHT | <input type="checkbox"/> LEFT |
| Hand OA          | <input type="checkbox"/> RIGHT | <input type="checkbox"/> LEFT |
| Ankle OA         | <input type="checkbox"/> RIGHT | <input type="checkbox"/> LEFT |
| Shoulder OA      | <input type="checkbox"/> RIGHT | <input type="checkbox"/> LEFT |
| Plantar fasciiti | <input type="checkbox"/> RIGHT | <input type="checkbox"/> LEFT |
| Elbow syndrome   | <input type="checkbox"/> RIGHT | <input type="checkbox"/> LEFT |