OrthoCarolina
EXCELLENCE IN ORTHOPEDICS

ORTHOPEDIC URGENT CARE

OFFERING INITIAL TREATMENT FOR SECOND SHIFT WORK-RELATED ORTHOPEDIC INJURIES

Strains • Sprains • Minor Dislocations • Closed Fractures
Joint Injuries • Painful, Swollen or Injured Joints of the Ankle, Back, Elbow, Foot, Hand, Hip, Knee, Neck, Shoulder

ALL LACERATIONS, OPEN FRACTURES, CHEST PAIN, ABDOMINAL PAIN AND HEAD INJURIES SHOULD BE TAKEN TO THE EMERGENCY ROOM

Locations	Hours	Address	Phone
Ballantyne	M-F 5:30 pm- 9pm; Sat/Sun 10am-2pm	15825 Ballantyne Medical Place Ste 100 / Charlotte	704.323.3490
Concord	M-F 5:30 pm- 9pm; Sat/Sun 10am-2pm	354 Copperfield Blvd / Concord	704.262.4180
Gastonia	M-F 5:30 pm- 9pm; Sat/Sun 10am-2pm	706 Summit Crossing Pl / Gastonia	704.671.1210
Matthews	M-F 5:30 pm- 9pm; Sat/Sun 10am-2pm	710 Park Center Dr., Ste 300 / Matthews	704.323.3215
University	M-F 5:30 pm- 9pm; Sat/Sun 10am-2pm	9848 North Tryon St. / Charlotte	704.323.2104
Uptown/Spine	M-F 5:30 pm- 9pm; Sat/Sun 10am-2pm	2001 Randolph Rd. / Charlotte	704.323.2682
Winston-Salem	M-F 8 am - 8:30 pm; Sat only 10am - 2pm	170 Kimel Park Dr. / Winston-Salem	336.659.4150

TODAY'S DATE: _____

PATIENT'S NAME_____

ADDRESS_____

PHONE_____ **CELL**_____

DATE OF BIRTH_____ **SS#**_____

IS THIS A WORKERS' COMPENSATION INJURY? _____**YES** _____**NO**

DATE OF INJURY_____ **TIME OF INJURY** _____**AM PM**

WHAT BODY PART IS INJURED?_____

HOW DID THE INJURY OCCUR?_____

EMPLOYER_____

ADDRESS_____

SUPERVISOR/MANAGER_____

EMPLOYER PHONE AND EXTENSION_____**FAX**_____

NAME & TITLE OF PERSON COMPLETING THIS FORM (PRINT)_____

SIGNATURE OF PERSON COMPLETING THIS FORM_____

NECESSARY FOLLOW-UP WILL TAKE PLACE
AT ONE OF ORTHOCAROLINA'S CONVENIENT LOCATIONS