



Periprosthetic Joint Infection Center

OrthoCarolina Hip & Knee Center

Patient Name:

Patient Date of Birth:

Patient Insurance:

Patient Address:

Patient Contact Number:

Referring Physician:

Referring Physician Contact Number:

Referring Office:

Referring Office Contact Number:

Brief Patient Description:

*Please also attach last clinic visit notes, op notes, any other relevant lab work where applicable.

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Fax information to 704-323-3807, attention Stacey Lewis

OR

Email completed form to stacey.lewis@orthocarolina.com