

**ORTHOPAEDIC OF NORTH GEORGIA
REFERRAL FORM**

Dr. William McLean and Dr. James Dallis

247 Adams Drive | P. O. BOX 37 | Demorest, GA 30535 | Phone: 706-839-4096 | Fax: 706-839-4097
Orthopaedics of North Georgia a Service of Habersham Medical Group

Date of Referral: _____ Referring Provider: _____

Provider Phone #: _____ Provider Fax #: _____

Patient Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Alternate Number: _____

Primary Insurance: _____ ID # _____

Secondary Insurance: _____ ID # _____

(PLEASE FAX A COPY OF THE INSURANCE CARDS IF AVAILABLE)

Reason for Referral/ Possible Diagnosis/ Area of Concern:

Please fax the completed referral form, ID, insurance cards, and any records pertaining to reason for referral directly to our office at 706-839-4097.