

**The Orthopedic Clinic** has established the following standardized criteria for referrals. To avoid delay in appointment scheduling, please ensure that all supporting information for the pre-determined outcome and/or condition is included with the Outpatient Referral Form **prior** to requesting the referral. Please mark the appropriate box(s) as indicated.

1.	Primary care cortisone injection indications in the upper extremity include:
	☐ Medial (Golfer's Elbow) and Lateral (Tennis Elbow) Elbow Epicondylitis
	☐ De Quervain dz
	☐ Thumb CMCJ Arthritis
	<ul> <li>☐ Mild to Moderate (based on EMG/NCS) Carpal Tunnel Syndrome</li> <li>☐ Dorsal Ganglion Cysts</li> <li>☐ Trigger Digits</li> </ul>
2.	Primary Care cortisone injection indications for knee patients include:
	<ul><li>□ Patients with OA, RA, GA</li><li>□ Patients with Post-Traumatic Arthritis</li></ul>