



The **Spine Clinic** has established the following standardized criteria for **Burton Hip and Knee** 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.

- Patient Name: _____ ARMC Medical Record #: _____
- Date of Birth: _____ Height: _____
- Weight: _____ BMI: _____
(patients with BMI over 35 need conservative care*)
- Patient chief complaint of _____

Pain present for _____ weeks/months/years

Treatment to date has included:

Diagnostic tests to date include:

Significant PMH includes:

Specific Questions:

Indications for referral:

The Patient is currently medically cleared to undergo major joint replacement surgery.

If you have any questions please call our Surgery Scheduling Department at (909) 580-6362. Please attach this form to your original referral and fax to the Referral Center Fax number at (909) 580-1634.

* Patients with a BMI over 35 are not candidates for elective Total Joint Replacement Surgery as this comorbidity has been shown in the literature to significantly increase the post-operative complication rate. Patients with a BMI over 35 need conservative care¹, physical therapy, and weight loss. When BMI is below 35 we will be happy to evaluate them at the Hip and Knee clinic.

¹Common modalities include NSAID's, pain medications, judicious use of cortisone injections, assistive devices, possible viscosupplement injections.