

**JOHN P. GEORGE, MD**

Terry Webb, NP

Mickey McBroom, PA-C

## Locations

- Baxley**  
821 S. Main St.  
Baxley, GA 31513
- Claxton**  
209 North River St  
Claxton, GA 30417
- Darien**  
1001 North Way  
Darien, GA 31305
- Reidsville**  
247A South Main St.  
Reidsville, GA 30453
- Savannah**  
322 Stephenson Ave, Ste A  
Savannah, GA 31405
- Swainsboro**  
119-B Victory Dr.  
Swainsboro, GA 30401
- Vidalia**  
3301 East First St. #B  
Vidalia, GA 30474

Referral # \_\_\_\_\_ Date \_\_\_\_\_

Preferred Location \_\_\_\_\_

### Imaging

- Ultrasound
- CT
- X-Ray
- Fluoroscopy

### EMG

- Savannah
- Reidsville

### MRI

- Savannah
- Statesboro
- Reidsville

### Physical Therapy

- Millen
- Pooler
- Reidsville
- Rincon
- Savannah
- Statesboro
- Sylvania
- Vidalia

### Occupational Therapy

- Pooler
- Reidsville
- Savannah
- Statesboro
- Vidalia

### Records Required:

- Insurance Card
- Office Notes
- Radiology
- Med Lists

### Referring Practice Information:

Referring Physician \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Contact \_\_\_\_\_

### Patient Information:

Name (first/middle/last) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Other \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

### Insurance Information: *Fax copies of the insurance cards. If card is attached, skip section.*

Primary Insurance \_\_\_\_\_  
 Policy # \_\_\_\_\_  
 Insurance Carrier:  Patient  Spouse Other \_\_\_\_\_

### Patient History:

Relevant History:  MVA  Surgery  
 Is the referral:  
 Routine (1st available appointment)  
 Take-over care  
 Urgent  
 Consultation only  
 Reason for referral: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Appointment Info

Date: \_\_\_\_\_  
 Time: \_\_\_\_\_  a.m.  p.m.  
 Physician: \_\_\_\_\_  
 Appt. location: \_\_\_\_\_  
 Optim employee initials: \_\_\_\_\_

## CONTACT NUMBERS

**Referral Specialist:**  
912.644.3339

**Office:**  
912.644.5300

800.827.6536

**PLEASE FAX THIS FORM  
 TO 912.644.5256**