



PHP

Pillet Hand Prostheses, Ltd.

PILLET REFERRAL

Patient: _____

Address: _____

Telephone Home: _____ Work/Cell: _____

Email: _____

Check one: Female _____ Male _____

Social Security Number: _____

Date of Birth: _____

Hand Dominance: _____

Profession(before and now): _____

Date of Injury/Amputation: _____

Description of Amputation (levels): _____

How amputation occurred: _____

Where: _____ Date returned to Work: _____

1. Referring Physician: _____

Address: _____

Telephone : _____ Fax: _____

2. Referring Person _____

Address: _____

Telephone: _____ Fax: _____

3. Insurance: _____

Address: _____

Telephone: _____ Fax: _____

Adjuster: _____

Claim/ ID Number: _____

Employer: _____

4. Is there an attorney working on this case? Yes _____ No _____

Name: _____

Address: _____

Telephone: _____ Fax _____

Additional Information: _____

Please include physician's prescription and photos (or outline drawing).