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
   - ☐ Mild to Moderate (based on EMG/NCS) Carpal Tunnel Syndrome
   - ☐ Dorsal Ganglion Cysts
   - ☐ Trigger Digits

2. **Primary Care cortisone injection indications for knee patients include:**
   - ☐ Patients with OA, RA, GA
   - ☐ Patients with Post-Traumatic Arthritis