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Referral Request Form

Dear Referring Practice:

In order to expedite the referral process, please complete the Referral Request Form and return all required documentation to include:

1. Lab reports (two years preferably)
2. Ultrasound reports (if any)
3. History and Physical (most recent)
4. Office/Progress notes (most recent)

Please fax all information to: **478-745-2915**

Once all required documentation is received, we will schedule an appointment with the patient then notify you of the time and date. If you have any questions, please do not hesitate to call!

Provider Information

Practice Name: _____

Referring Provider: NPI: _____

Phone: _____ Fax: _____

Patient Information

Patient Name: _____ DOB: _____ Sex: Male Female

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Primary Insurance: _____ Policy #: _____ Group #: _____

Secondary Insurance: _____ Policy #: _____ Group #: _____

Reason(s) for Referral: _____
