

# Patient Referral Form

**Addiction Treatment**

P: 304-884-8941  
F: 304-884-8943

**Cardiac Rehabilitation**

P: 304-269-8099  
F: 304-269-8536

**Cardiology**

P: 304-269-6004  
F: 304-269-6026

**General Surgery – Weston**

P: 304-517-1115  
F: 304-517-1119

**General Surgery – Buckhannon**

P: 304-473-0670  
F: 304-472-5255

**Home Health**

P: 304-269-4556  
F: 866-597-0966

**Home Oxygen**

P: 304-269-0100  
F: 304-269-4559

**Internal Med./Sleep Medicine**

P: 304-269-4252  
F: 304-269-5443

**Obstetrics/Gynecology**

P: 304-269-3108  
F: 304-269-3109

**Oncology**

P: 304-517-1272  
F: 304-517-1274

**Orthopedics**

P: 304-269-4431  
F: 304-269-9803

**Physical Therapy**

P: 304-269-8097  
F: 304-269-8187  
F: 304-517-1140

**Pulmonology Rehabilitation**

P: 304-269-8099  
F: 304-269-8536

**Sleep Lab**

P: 304-269-8096  
F: 304-269-8168

**Urology**

P: 304-269-8128  
F: 304-269-8162

**Vein Center**

P: 304-517-1272  
F: 304-517-1274

If available, please fax the following records with this form to obtain an appointment:

- Last Provider Notes
- Laboratory Testing
- Diagnostic Images/Reports
- Current Medication and Allergy List
- PFT Results for Pulmonology Referrals

Routine     Medically Urgent     Pre-Op Evaluation

## PATIENT INFORMATION:

First \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Phone: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Cellphone: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## INSURANCE INFORMATION:

Insurance Company: \_\_\_\_\_ ID: \_\_\_\_\_ GRP: \_\_\_\_\_

Does insurance require prior authorization for specialist referral?  Yes  No

## REFERRING PHYSICIAN INFORMATION:

Physician Name: \_\_\_\_\_

Name of person faxing information: \_\_\_\_\_

Office Fax: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Reason for Visit/Symptoms: \_\_\_\_\_

Requested Physician \_\_\_\_\_ First Available \_\_\_\_\_

## OFFICE USE ONLY

Patient has Appointment with:

Dr.: \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_