

Appointment Referral Fax Form Phone: (704) 998-0965 for Scheduling/Referral

Fax: (704) 644-1827

Please complete ALL information listed below to help us process this referral and expedite treatment to your patient.

| Name of Referring Practice: | | | | | Physician: | | | |
|-----------------------------|--------------------|--------------|----------------------------------|-----------------------------|------------|---------------|----------|--|
| Contact Person: | | | Phone: | | Fax#: | | | |
| Patient Info | ormation | | | | | | | |
| Patient's Name: | | | | | DOB: | _ Gender: | | |
| Address: | | | City: | | State | Zip Code | | |
| | | | | | | | | |
| Home Phon | Home Phone: | | | _ Cell Phone:Email Address: | | | | |
| Parents/Guardian's Name: | | | | Parents' DOB | | Relationship: | | |
| ☐ Interpre | ter Neede | d Type: 🖵 Sp | anish 🗖 Hearing l | mpaired 🛭 Otl | her: | | | |
| | | - | ease include fro | _ | | | | |
| | | | ease ilicidde ilic | | - | - | | |
| • | | | | | | | | |
| Subscriber's Name: | | | DOB: | DOB: Policy #: | | Group#: | | |
| Authorization/NPI#: | | | # of Visits: Effective Dates: to | | | | | |
| | | | | | | | | |
| Secondary I | nsurance: _ | | | | | | | |
| Subscriber's | Name: | | DOB: | Policy#: _ | (| Group#: | | |
| Ath amigatic | /NIDI#. | | # of Visits | Effortisso | Datas | 40 | | |
| Authorizauc |)II/NP1#: | | # OI VISIU | s: Effective | Dates: | to | | |
| Symptoms | : | | | | | | | |
| | | | Locations & | Physicians | | | | |
| Locations | First Available | Physicians | | | | | | |
| astover | Available | ☐ Herring | ☐ Hungness | □ Norris | Roberts | ☐ Seiler | ☐ Silton | |
| Ballantyne | | ☐ Chadha | ☐ Collins | ☐ Errington | ☐ Lapuente | ☐ Patel | ☐ Silton | |
| Concord | | ☐ Collins | ☐ Errington | ☐ Herring | ☐ Klimas | ☐ Patel | | |
| Cornelius | | ☐ Herring | ☐ Langley | ☐ Norris | | | | |
| Gastonia | | ☐ Lapuente | ☐ Roberts | ☐ Seiler | ☐ Silton | | | |
| Huntersville | | ☐ Lemke | | | | | | |
| Monroe | | ☐ Chadha | ☐ Collins | ☐ Collura | ☐ Lapuente | | | |
| Mooresville | | ☐ Lemke | | | • | | | |
| Rock Hill | | ☐ Chadha | ☐ Errington | ☐ Hungness | ☐ Patel | | | |
| SouthPark | | ☐ Collins | ☐ Errington | ☐ Hungness | ☐ Klimas | ☐ Langley | □ Silton | |
| Jniversity | | ☐ Klimas | ☐ Langley | ☐ Norris | ☐ Roberts | ☐ Seiler | | |
| Naverly | | ☐ Collura | ☐ Lapuente | ☐ Patel | | | | |

If you have not received a response to this fax in 5 business days please contact our physician priority line at 704-998-0965

We will send you an appointment confirmation sheet back after we have tried to contact your patient.

If you prefer, you may send referrals directly from your Electronic Health Record System as we are participating in the Health Information Systems Program.