



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 Information

Patient's Name: _____ DOB: _____ Gender: _____

Address: _____ City: _____ State _____ Zip Code _____

Home Phone: - _____ Cell Phone: - _____ Email Address: _____

Parents/Guardian's Name: _____ Parents' DOB _____ Relationship: _____

Interpreter Needed Type: Spanish Hearing Impaired Other: _____

Insurance Information - Please include front and back copies of the patient's card

Primary Insurance: _____

Subscriber's Name: _____ DOB: _____ Policy #: _____ Group#: _____

Authorization/NPI#: _____ # of Visits: - _____ Effective Dates: _____ to _____

Secondary Insurance: _____

Subscriber's Name: _____ DOB: _____ Policy#: _____ Group#: _____

Authorization/NPI#: _____ # of Visits: _____ Effective Dates: _____ to _____

Symptoms: _____

Locations	Available Physicians and Dietician*						
Eastover Main	Herring	Hungness	Norris	Roberts	Silton		
Ballantyne	Chadha	Collins	Patel RR	Silton			
Concord	Collins	Herring	Lemke	Patel RR			
Cornelius	Biswas	Gilchrist	Norris				
Gastonia	Langley	Patel VK	Roberts	Silton	Smith		
Hickory Office	Boyd	Sran					
Huntersville	Biswas	Gilchrist	Herring	Lemke			
Matthews	Caicedo	Lapuate	Patel VK	Durban*			
Monroe	Chadha	Collins	Collura	Lapuate			
Mooresville	Biswas	Gilchrist	Lemke				
Rock Hill	Chadha	Hungness	Patel RR				
South Park	Chadha	Collins	Hungness	Langley	Patel VK	Silton	Durban*
Steele Creek	Lapuate	Smith					
University	Caicedo	Langley	Norris	Roberts			
Waverly	Caicedo	Collura	Lapuate	Patel	Smith		

Choose Location	Physician/Dietician
CHOOSE... <input type="button" value="v"/>	1st Letter of Last Name <input type="button" value="v"/>

Our Referrals/Physician Priority Line: 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.