

Patient Referral Form

**Cardiology–Elkins**

P:304-636-5006
F:304-636-4898

Cardiology–Fairmont

P:304-363-6210
F:304-363-0952

Cardiology–Morgantown

P:304-599-8802
F:304-599-5607

Cardiothoracic Surgery

P:304-598-1996
F:304-285-2107

Dermatology

P:304-599-1448
F:304-598-7219

Gastroenterology

P:304-598-2700
F:304-598-2725

General Surgery–MHMP

P:304-599-1448
F:304-599-5335

General Surgery–Suncrest

P:304-598-2200 ext 115
F:304-599-2674

Gynecologic Oncology

P:304-285-3870
F:304-598-6576

Gynecology–Hopwood

P: 724-437-2147
F: 724-438-8856

Infectious Disease

P: 304-285-1460
F: 304-285-2739

Medical Oncology

P:304-598-6560
F:304-285-2230

Neurology

P:304-594-3258
F:304-594-3498

Obstetrics & Gynecology

P:304-599-6811
F:304-599-7159

Oculofacial Surgery

P:304-598-2200 ext 115
F:304-413-2222

Pulmonology

P:304-598-2801
F:304-599-6463

Radiation Oncology

P:304-285-2220
F:304-285-2222

Rheumatology

P:304-598-7296
F:304-598-7297

Sleep Center

P:304-599-7934
F:304-599-7936

Urology

P:304-599-3074
F:304-599-1802

Vascular Surgery

P: 304-598-1996
F: 304-285-2107

Vein Care

P:304-598-3449
F:304-285-2739

Wound Care

P:304-285-1460
F:304-285-2739

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

- Pathology Reports
- Imaging (US, MRI, CT, PET, Echocardiogram, Cardiac Stress Test)
- Lab Results
- List of Current Medications
- Last Office Note
- Copy of Current Insurance Card

Routine Medically Urgent Pre-Op Evaluation

PATIENT INFORMATION:

First _____ MI _____ Last Name _____

DOB: _____ / _____ / _____ SS# _____ - _____ - _____

Home Phone: (_____) - _____ - _____ Cellphone: (_____) - _____ - _____

Address: _____

City _____ State _____ Zip _____

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 _____