

Patient Referral Form



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 -- REQUIRED**

- Medically Urgent**
- Routine**
- Pre-Op Evaluation**

OFFICE USE ONLY

Patient has Appointment with:

Dr.: _____

on _____

at _____

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 _____

Cardiology

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

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

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

Mon Health
Medical Park
P: 304-599-1448
F: 304-599-5335

Suncrest

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

Gynecologic Oncology

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

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

Fairmont
P: 304-366-6100
F: 304-366-2220

Hopwood

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

Morgantown

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