

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: _____

Bariatrics

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

Cardiology

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

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

McHenry
P: 301-334-7999
F: 240-442-5955

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

Endocrinology

P: 304-598-5383
F: 304-598-5384

Gastroenterology

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

General Surgery

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

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
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: 304-599-8802
F: 304-599-7614

Vein Care

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

Wound Care

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