

# 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**

## PATIENT INFORMATION:

First \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Home Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Cellphone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- Medically Urgent
- Routine
- Pre-Op Evaluation

## 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 \_\_\_\_\_

#### 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

#### 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  
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  
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