WakeMed Physician Practices

Wake Specialty Physicians

WakeMed Faculty Physicians

WAKE ORTHOPAEDICS

wakemedphysicians.com

OBSTETRICS & GYNECOLOGY
WakeMed Faculty Physicians

3024 New Bern Avenue
Raleigh, NC 27610
Phone: 919-350-7844
Fax: 919-350-8091

REQUEST FOR REFERRAL

Date: ____________________

Patient Name: First __________________________ Last ________________________________ MI _____

DOB: ____ Home Phone: ________________________________

Work Phone: _________________________________ Cell Phone: _________________________________

Address: ____

Medical Insurance: ____________________________

Referring Physician: ___________________________ Practice Name: _____________________________

Practice Phone: ______________________________ Practice Fax: ________________________________

Reason for Referral: ____

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Symptom(s)/Diagnosis: ____

Specific question to be addressed in consultation: ____

☐ Records from referring provider faxed with referral (recent progress notes, medication list, lab results, copy of insurance card

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Patient is scheduled for practice appointment/procedure on _______________________________________

at ________________________ with Dr. ____

Faxed notification of practice appointment/procedure to referring provider on _______________________

by ________________________________

Using the phone and fax numbers from the top of this form, please call for an appointment or fax this request to our office (along with appropriate records, notes, lab results, insurance info where applicable). Thank you for your referral. To download this form electronically, visit wakemedphysicians.com and click on "Referring Providers."