

WakeMed Raleigh Campus Heart Center
3000 New Bern Avenue, Suite 1100
Raleigh, NC 27610
Office phone: 919-231-6333
Fax: 919-231-6334

Cary Medical Park
200 Ashville Avenue, Suite 10
Cary, NC 27518
Office phone: 919-231-6333
Fax: 919-231-6334



WAKEMED HEART and VASCULAR PHYSICIANS
CARDIOVASCULAR and THORACIC SURGERY

PROVIDERS:

(Please check if referring to a specific provider.)

- Bryon James Boulton, MD
- Abdul Chaudhry, MD
- Charles Harr, MD
- R. Merrill Hunter, MD
- William A. Killinger, MD
- Trevor Upham, MD
- Judson Williams, MD
- Unspecified

- Alden Parsons, MD

REQUEST FOR REFERRAL

PATIENT DEMOGRAPHIC INFORMATION

Date: _____

Patient Name: _____ Date of Birth: _____ Gender: M F Race: _____

Address: _____ City/State/Zip: _____

Phone *(Please circle preferred number)* Home: _____ Cell: _____ Work: _____

Email: _____

Does patient/family need an interpreter? No Yes If yes, please specify language _____

INSURANCE INFORMATION

Insurance Name: _____

Policyholder's Name: _____ Policyholder's Date of Birth: _____

Insurance Phone: _____ Policy Number: _____ Group Number: _____

Medicaid Authorization NPI: _____ Authorized Number of Visits: _____

REFERRAL INFORMATION

Reason for Referral: _____

Pertinent History: _____

Symptoms: _____

REFERRING PHYSICIAN INFORMATION

Name: _____

Practice Name (if applicable): _____

Address: _____

City/State/Zip: _____

Office Phone: _____ Fax: _____

Name of Person completing this form: _____

Please include with referral (all that are applicable)

- History/Office Notes
- Labs
- Imaging Studies (patient should bring films or CD)
- Other pertinent medical records

Thank you for referring your patient to WakeMed Cardiovascular & Thoracic Surgery