

WakeMed Garner Healthplex
400 U.S. Highway 70 East
Suite 202
Garner, NC 27529
Phone: 919-350-5755
Fax: 919-266-6713

PROVIDERS: (Please check if referring to a specific provider.)

- Allen Marshall, MD
- Stuart Ginn, MD
- Nathan Calloway, MD
- Next available appointment

WakeMed North
Physicians Office Pavilion
10010 Falls of Neuse Road
Suite 305
Raleigh, NC 27614
Phone: 919-350-1630
Fax: 919-350-9812

PROVIDERS: (Please check if referring to a specific provider.)

- Michael Ferguson, MD
- Allen Marshall, MD
- Next available appointment

WakeMed Raleigh Campus
3024 New Bern Avenue
Suite 200
Raleigh, NC 27610
Phone: 919-350-7856
Fax: 919-350-9803

PROVIDERS: (Please check if referring to a specific provider.)

- Michael Ferguson, MD
- Allen Marshall, MD
- Stuart Ginn, MD
- Nathan Calloway, MD
- Gitanjali Fleischman, MD
- Next available appointment

WakeMed Apex
120 Healthplex Way
Suite 302
Apex, NC 27502
Phone: 919-235-6525
Fax: 919-235-6592

PROVIDERS: (Please check if referring to a specific provider.)

- Stuart Ginn, MD
- Nathan Calloway, MD
- Gitanjali Fleischman, MD
- Next available appointment

Request for Consultation

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: _____

If patient is less than 18 years, Guardian Name: _____ Guardian Date of Birth: _____

Guardian 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 Routine Urgent

Reason for Referral: _____

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 WPP Ear, Nose & Throat - Head & Neck Surgery