

Breast Surgery – North Raleigh
WakeMed North Hospital
Physicians Office Pavilion
10010 Falls of Neuse Road, Suite 013
Raleigh, NC 27614
Phone: 919-350-7465

Breast Surgery – Cary
210 Ashville Avenue
Suite 225
Cary, NC 27518
Phone: 919-350-7465

Breast Surgery – Fuquay-Varina
601 Attain Street
Suite 101
Fuquay-Varina, NC 27526
Phone: 919-350-7465



Phone: 919-350-PINK (7465)
Fax: 919-350-9808

PROVIDER:

Lori Lilley, MD, FACS

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: _____
 Care referral authorization initiated

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 (Check all that are applicable)

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

Thank you for referring your patient to WakeMed Breast Surgery