



# REFERRAL REQUEST

FAX To: (336) 765-2869

PHONE: (336) 448-2427

Phone option 1 for referrals & scheduling

Our scheduling team will be happy to assist you with all of your scheduling needs! Concerns may be directed to Teri Brown, scheduling manager.

## REFERRING PROVIDER INFORMATION:

Provider Name: \_\_\_\_\_ Practice: \_\_\_\_\_

Date of Referral: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## PATIENT INFORMATION:

Please send pertinent clinical data, labs, tests, office notes, past treatments, medication/allergy lists & the current plan of care.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Insurance: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Interpreter needed?  Yes  No

Special Needs: \_\_\_\_\_

## REFERRAL INFORMATION:

Consultation is not required prior to most procedures. **Saturday procedure appointments are available monthly!**

Symptom(s)/Reason(s) for Referral: \_\_\_\_\_

- New Patient Consult
- Est. Patient Consult
- Colonoscopy
- Upper Endoscopy
- IBD Clinic Consult
- Liver Clinic Consult
- Orbera Gastric Balloon Consult

Check if <b>URGENT</b> : <input type="checkbox"/> 1 <sup>st</sup> available provider		
<b>WINSTON-SALEM</b>		
<input type="checkbox"/> No provider preference		
<input type="checkbox"/> William Austin, MD	<input type="checkbox"/> Robert Holmes, MD	<input type="checkbox"/> Randy Peters, MD
<input type="checkbox"/> David Barry, MD	<input type="checkbox"/> Ryan McKimmie, MD	<input type="checkbox"/> Blake Scott, MD
<input type="checkbox"/> Christopher Connolley, MD	<input type="checkbox"/> Henry Mixon, MD	<input type="checkbox"/> Brian Smith, MD
<input type="checkbox"/> James Gibbs, MD	<input type="checkbox"/> Daniel Murphy, MD	<input type="checkbox"/> John Sweeney, MD
<input type="checkbox"/> Sean Harris, MD	<input type="checkbox"/> Laura Patwa, MD	<input type="checkbox"/> David Wood, MD
<b>CLEMMONS</b>		
<input type="checkbox"/> No provider preference		
<input type="checkbox"/> David Barry, MD	<input type="checkbox"/> Robert Holmes, MD	<input type="checkbox"/> Ryan McKimmie, MD
<input type="checkbox"/> Blake Scott, MD	<input type="checkbox"/> Brian Smith, MD	

## SCHEDULED APPOINTMENT INFORMATION:

We will contact the patient for scheduling and to answer any questions they may have. Your office will then be notified by phone or fax with the status of the appointment. Our providers will communicate findings to the patient and PCP/Referring Provider within 10 business days of receipt.

Appointment date: \_\_\_\_\_ Time: \_\_\_\_\_

Patient aware  Unable to schedule appt  Did not keep appt  Patient r/s appt to: \_\_\_\_\_

Referring provider notified by fax / phone on (date): \_\_\_\_\_

Notes: \_\_\_\_\_