REFERRAL REQUEST

FAX TO: (336) 765-2869

PHONE: (336) 448-2427 *(Option 1)*

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, & a copy of the patient's insurance card.

Patient Name: ______________________________ DOB: ______________

Home Phone: ____________________ Cell Phone: ____________________

Insurance Name: ____________________ Policy #: ____________________

Primary Language: ____________________ Interpreter needed? □ Yes □ No

Special Needs: ____

REFERRAL TYPE:

□ New Patient Consult
□ Established Patient Consult
□ Diagnostic Colonoscopy (medical problem)
□ Screening/Surveillance Colonoscopy (no symptoms)
□ EGD
□ EUS Consult
□ Hemorrhoid Banding Consult
□ FibroScan Consult
□ IBD Clinic Consult
□ Liver Clinic Consult
□ Interstim Consult
□ Other: ____

DIAGNOSIS/SYMPTOM(S): ____

PREFERRED LOCATION:

□ Winston-Salem □ Kernersville □ Clemmons

PREFERRED PROVIDER:

□ **1st available** (or urgent)
□ **No preference**
□ William Austin, MD
□ David Barry, MD
□ Patrick Campbell, MD
□ Brent Cengia, MD
□ Christopher Connolley, MD
□ Scott Cornella, MD
□ Robert Holmes, MD
□ Jason Jones, MD
□ Ryan McKimmie, MD
□ Henry Mixon, MD
□ Daniel Murphy, MD
□ Laura Patwa, MD
□ Blake Scott, MD
□ Oluwaseun Shogbesan, MD
□ Brian Smith, MD
□ John Sweeney, MD

SCHEDULED APPOINTMENT INFORMATION (GAP TO RETURN TO REFERRING PROVIDER):

We will contact the patient for scheduling, & your office will then be notified by phone or fax with the status of the appointment.
Our goal is to communicate test results, treatment plans, or secondary referrals to the patient & PCP/Referring Provider within 3 business days of receipt.

Appt date: ____________ Time: ____________ Referring provider notified by fax / phone on: ____________

□ Patient aware □ Unable to schedule appt □ Did not keep appt □ Patient r/s appt to: ____________

Notes: ____