

Physician Referral Form

Is this referral urgent? Yes No

If urgent, please fax referral form to **864.385.6192** and then call 864.271.1844 (ext. 206) to expedite order entry.

Please fill out this form completely and fax all physician notes, labs, copy of insurance card, and any other pertinent patient records to 864.271.2147. Missing information may result in a processing delay.

Date Referred: _____ Patient's Full Name: _____

Last 4 Digits of SSN: _____ Date of Birth (mm/dd/yyyy): _____

Address: _____

Patient's Primary Phone: _____ If Non-English Speaking, Language: _____

Interpreter Needed: Yes No

Insurance: Include patient's insurance card (both sides) and authorization if required.

Referring From: _____

Reason for Referral: _____

Referring Physician's Full Name: _____

Referring Physician's Phone: _____ NPI: _____

Address: _____

Preferred Appointment Location (Please Check):

- Greenville-Mills Avenue Greenville-Chalmer Road Easley Anderson
 Greer Laurens/Clinton Simpsonville Spartanburg Gaffney

Form Completed By: _____ Phone Number: _____