

63 Haywood Park Drive, Clyde, NC 28721
Phone: 828-627-1234
Fax: 877-898-3176



Referral Request Form

Date: _____	Requesting Physician: _____	
NPI #: _____	Carolina Access/Insurance Auth. #: _____	
Phone: _____	Ext: _____	Fax: _____
Office Contact Person: _____		

- ROUTINE Referral** (Our office will contact the patient with our next available appointment)
- URGENT Referral** (Physician will review patient records and determine appointment)

Please fax patients' Demographics, Insurance information, Medical records, tests results and any labs pertaining to referral.

- Fax: 877-898-3176

Patient Name: _____	DOB: _____	
Name of Legal Guardian (if Minor Child): _____		
Mailing Address: _____		
City: _____	State: _____	Zip: _____
Home Phone: (_____) _____	Work/Cell: (_____) _____	
Reason for Consultation: _____		
