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QUICK REFERRAL

We appreciate you trusting us with your patients!

Date: _____

Patient Name: _____ DOB: _____

Patient Phone Number: _____

Best Time to Call: [] AM [] PM

Reason for Consult: _____

Referring Doctor Name: _____

Referring Doctor Phone: _____

Referring Doctor Fax Number: _____

Referring Doctor NPI: _____

PLEASE INCLUDE THE FOLLOWING ALONG WITH THIS REFERRAL:

- Last Chart Note
- Recent Lab Results / Radiology Results
- Demographic Sheet

FAX TO 1-888-677-1987

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