

Patient Referral Form

Fax the following records with this form to obtain an appointment:

- Pathology Reports
- Imaging (US, MRI, CT, PET, Echocardiogram, Cardiac Stress Test)
- Lab Results
- List of Current Medications
- Last Office Note
- Copy of Current Insurance Card -- REQUIRED

- Medically Urgent
- Routine
- Pre-Op Evaluation

PATIENT INFORMATION:

First _____ MI _____ Last Name _____
DOB: ____/____/____ SS# _____ - _____ - _____
Home Phone: ()-____-____ Cellphone: ()-____-____
Address: _____
City: _____ State: _____ Zip: _____

REFERRING PHYSICIAN INFORMATION:

Physician Name: _____
Name of person faxing information: _____
Office Fax: _____ Office Phone: _____
Reason for Visit/Symptoms: _____

Requested Physician: _____ First Available: _____

OFFICE USE ONLY

Patient has Appointment with:

Dr.: _____

On _____

at _____

Bariatrics

P: 304-599-1448
F: 304-599-5335

Cardiology

Elkins
P: 304-636-5006
F: 304-636-4898

Fairmont
P: 304-363-6210
F: 304-363-0952

McHenry
P: 301-334-7999
F: 240-442-5955

Morgantown
P: 304-599-8802
F: 304-599-5607

Cardiothoracic Surgery

P: 304-598-1996
F: 304-285-2107

Dermatology

P: 304-599-1448
F: 304-598-7219

Gastroenterology

P: 304-598-2700
F: 304-598-2725

General Surgery

P: 304-599-1448
F: 304-599-5335

Gynecologic Oncology

P: 304-285-3870
F: 304-598-6576

Infectious Disease

P: 304-285-1460
F: 304-285-2739

Medical Oncology

P: 304-598-6560
F: 304-285-2230

Neurology

P: 304-594-3258
F: 304-594-3498

Obstetrics & Gynecology

Fairmont
P: 304-366-6100
F: 304-366-2220

Hopwood
P: 724-437-2147
F: 724-438-8856

Morgantown
P: 304-599-6811
F: 304-599-7159

Oculofacial Surgery

P: 304-598-2200
F: 304-413-2222

Pulmonology

P: 304-598-2801
F: 304-599-6463

Radiation Oncology

P: 304-285-2220
F: 304-285-2222

Rheumatology

P: 304-598-7296
F: 304-598-7297

Sleep Center

P: 304-599-7934
F: 304-599-7936

Thoracic Oncology

Morgantown,
Fairmont, Elkins
P: 304-285-2220
F: 304-285-2748

McHenry, MD

P: 301-533-9111
F: 304-285-2748

Urology

P: 304-599-3074
F: 304-599-1802

Vascular Surgery

P: 304-598-1996
F: 304-285-2107

Vein Care

P: 304-598-3449
F: 304-285-2739

Wound Care

P: 304-285-1460
F: 304-285-2739