

O: (919) 782-5400



F: (919) 589-5771

PLEASE ARRANGE AN APPOINTMENT FOR MY PATIENT WITH:

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THIS IS TO INTRODUCE MY PATIENT:

Patient Name: _____

DOB: _____

Patient Phone: _____

Date Seen: _____

Medical Insurance: _____

Policy Number: _____

Reason for Consultation: _____

Needs to be seen (please check one): Urgent (within 48hrs) Next Available

Referring Provider Information

Doctor: _____ Phone: _____ Fax: _____

When faxing a referral, please include the patients **face sheet** with **demographics**.

Referrals can be faxed to 919-589-5771

If you are faxing an **URGENT** referral that needs to be seen **within 48hrs**,
please fax to **919-900-3137**.

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