

## PATIENT REFERRAL INFORMATION SHEET

Today's Date: \_\_\_\_\_

Referring Physician \_\_\_\_\_ NPI # \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

To expedite your patient's care, please include **ALL** of the following information when submitting your referral:

- LEGIBLE COPIES OF INSURANCE CARDS (front & back)**
- Patient Demographics & Contact Information
- Most recent office note pertaining to the issue
- Current medication list & surgical history

**Additional information is required if your referral pertains to any of the following:**

### SKIN LESIONS

- All pathology associated with the lesion(s)

### PANNICULECTOMY

- Documentation of stable weight (most recent 6 months)
- Documentation of symptoms & attempted conservative treatment
- Patients must be **18 months** post bariatric surgery (if applicable)

### BREAST REDUCTION

- Documentation of patient's current BMI
- Documentation of symptoms & attempted conservative treatment
- Most recent mammogram (if over age 40)

### BREAST RECONSTRUCTION

- All pathology related to diagnosis (including most recent mammogram)
- OP report of mastectomy/lumpectomy (if already performed)

**We thank you for your consideration as a partner in your patient care team.  
If you have any questions, please contact our office directly at (740) 653-5064.**