

Cardiology (Okemos) - Fax: (517) 347-8393
 Cardiology Center (Lansing) - Fax: (517) 393-3007
 Cardiology (Mid-Michigan Physicians) - Fax (517) 913-6677
 Cardiothoracic and Vascular - Fax: (517) 483-4861
 Cardio/Pulm Testing - Fax (517) 975-2695
 Cardiac Rehabilitation - Fax: (517) 975-7062
 Diabetes Education - Fax (517) 975-2200
 Family Medicine Resident Clinic - Fax: (517) 975-3755
 General Surgery - Fax: (517) 913-4011 or (517) 487-2059
 Multispecialty Clinic - Fax: (517) 975-8925
 Pain Management Center - Fax: (517) 975-6630
 Radiation Oncology - Fax: (517) 975-7810
 Rehabilitation Services - Fax: (517) 975-3520
 Respiratory - Fax (517) 975-6660
 Sleep Center - Fax: (517) 975-3390
 Structural Heart Disease and Valve Clinic - Fax: (517) 347-8393
 Vascular Lab - Fax: (517) 975-9405
 Wound Care and Hyperbaric Center - Fax: (517) 975-1514



GREATER LANSING

PLEASE COMPLETE AND FAX WITH MEDICAL RECORDS

Specialty Service Referral Form

Referring Physician: _____ Phone: _____ Fax: _____

Patient Name: _____ Date of Birth: _____

Patient Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Request for: Consult Referral Consult and Treat Procedure

Appointment Priority: ASAP Routine (1-2 weeks) Other _____

Reason for Referral/Diagnosis: _____

Insurance Type: BC/BS Medicare BCN Medicaid PHP Aetna

McLaren (Advantage / Medicaid) OTHER _____

Contract #: _____ Group #: _____ Copay \$ _____

Subscriber Name: _____ DOB: _____ Relationship to Patient: _____

Appointment Confirmation:

Appointment Date: _____ Time: _____

Scheduled with Dr. _____

**PLEASE FAX WITH COPIES OF MEDICAL RECORDS,
TESTING, X-RAY / MRI / CT SCANS, AND NECESSARY REPORTS.**

****THIS INFORMATION MUST BE RECEIVED PRIOR TO APPOINTMENT BEING SCHEDULED****