## MCLAREN MULTI-SPECIALTY CLINIC FAMILY MEDICINE / INTERNAL MEDICINE REFERRAL FORM

## 2727 S. PENNSYLVANIA AVE LANSING, MI 48910 (517) 975-3750 FAX (517) 975-3755

PRIORITY:	□ Routine	□ Urgent	Needs to s	seen within	days.
□ CONSULTATION-EVALUATE AND ADVISE □ REFERRAL-ASSUME TOTAL MANAGEMENT FOR THIS KNOWN PROBLEM  REASON FOR CONSULTATION/REFERRAL					
INDICATE ANY TESTING PATIENT HAS HAD FOR THIS CHIEF COMPLAINT-PLEASE SEND REPORT COPIES WITH THIS REQUEST:  • LABS • XRAY • ULTRASOUND • RECENT PROGRESS NOTE • NONE • OTHER					
PATIENT INFORMATION  PATIENT NAME: D.O.B.					
TATIENT NAME.				D.O.B.	
ADDRESS:		C	ITY:	STATI	E: ZIP:
HOME PHONE:		W	ν <b>K</b> :	CELL	:
SSN:	TYPE OF INSURANCE (PLEASE SEND COPIES OF INSURANCE CARD(S): AUTHORIZATION NUMBER-SEND COPY OF AUTH FORM:				
REQUESTING PHYSICIAN /GROUP					
PHYSICIAN NAME:		CONTA	CT PERSON:		
OFFICE #		OFFICE	FAX #:		
OFFICE ADDRESS:		C	ITY:	STATE:	ZIP:
CONSULTING / REFERRAL PHYSICIAN OFFICE USE ONLY					
APPOINTMENT:		ON			
	PROVIDER		DATE		TIME
PACKET SENT ON:	REFERR	LING OFFICE NOT	IFIED:	PT.NOTIFIED:	FORM FAXED:
BY:	BY:			BY:	BY:

WE WILL BE SENDING THE PATIENT AN INFORMATION PACKET WHICH WILL INCLUDE DIRECTIONS TO OUR FACILITY AND DATE/TIME OF THEIR APPT. IF YOU HAVE ANY QUESTIONS OR INFORMATION PLEASE CONTACT OUR OFFICE. THANK YOU FOR THE REFFERRAL!

THE INGHAM REGIONAL MULTI-SPECIALTY CLINIC ALSO INCLUDES FAMILY MEDICINE, INTERNAL MEDICINE, OBSTETRICS / GYNECOLOGY AND ORTHOPEDICS.