McLaren Greater Lansing
2727 SOUTH PENNSYLVANIA AVE, LANSING, MICHIGAN 48910
PHONE (517) 975-2217 FAX (517) 975-2210

EDUCATION REFERRAL

Please complete this form and fax to (517) 975-2210.
We will contact the patient and set up an appointment.
The physician will receive a counseling services letter following the appointment.

Referral Date:	Appointment Date/Time:
Insurance:	
Patient Name:	
Address:	
City/State/Zip Code:	
Phone Number:	Alternate Number:
Last 4 Digits of **Social Security** Number:	
Date of Birth:	Sex: ☐Male or ☐Female
Physician:	
Physician Address:	
Physician Phone:	Physician Fax:
Patient Medications:	
Current Labs:	
Patient Height:	**Patient Weight:**
Patient Diagnosis:	
Physician Signature	

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