McLaren
BAY REGION

McLaren Bay Infectious Disease
Tripti Adhikari, MD

714 S. Trumbull, Suite 200, Bay City, MI 48708
Phone: (989) 316-4010 Fax: (810) 600-7694

Referral Form

Patient Name **Last:** _____ **First:** _____

Gender: **Male** ☐ **Female** ☐ **Date of Birth:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Cell:** _____

Referring Provider: _____ **Office Contact:** _____

Phone: _____ **Fax:** _____

INSURANCE – Send Copy of Insurance Card OR Demographic Page

Is Authorization Needed? **No** ☐ **Yes** ☐

Authorization Number: _____ **Effective Dates:** _____ **to** _____

Reason for Referral: _____

_____

_____

SEND ALL RECORDS AND DIAGNOSTIC TESTING PERTAINING TO REASON FOR REFERRAL

Comments: _____

_____

_____

_____

_____