

McLaren Bay General Surgery REFERRAL FORM

**Christopher Uitvlugt, DO
Ryan Fahy, DO**

- 4175 N Euclid, Suite 7, Bay City, MI 48706
 - 801 Joe Mann Blvd., Suite J, Midland, MI 48642
 - 2110 M-76, Suite 14, West Branch, MI 48661
- TEL (989) 891-8112 - FAX (989) 891-8113

All referrals MUST include this completed form along with patients' most recent labs, EGD, colonoscopy, x-rays, CT scans, ultrasounds, hospital records, office notes, BCN Global Auth, if needed and any other records pertaining to the diagnosis *before the patient will be scheduled.* Thank You.

Please check the appropriate box: COLONOSCOPY EGD OFFICE VISIT

Diagnosis: _____

Referring Physician: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Fax #: _____

PATIENT INFORMATION - *complete thoroughly OR send patient demographics page*

Name: _____ **DOB:** _____ Male Female

Address: _____ City: _____ Zip: _____

Phone: _____

Name of Guardian - *if applicable* _____

Address: _____ City: _____ Zip: _____

Phone: _____ Relationship to Patient: _____

INSURANCE- *include legible copy of insurance card front & back*

PRIMARY INSURANCE *Global Referral Number if BCN* _____

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

Insurance: _____ Policy #: _____ Group #: _____

SECONDARY INSURANCE

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

Insurance: _____ Policy #: _____ Group #: _____

Additional Comments: _____
