



THUMB REGION

Kurt Aurand, D.O.
Michelle Burgess, FNP

WOMEN'S HEALTH

1005 S. Van Dyke Road
Bad Axe, Michigan
48413

tel (989) 269-3923
fax (989) 269-3983

mclaren.org

REFERRAL REQUEST

Date: _____

Please complete this form and fax to 989-269-3983 with the information requested below.

- Patient Demographics
- Insurance Information (please fax front and back of card)
- Medical Records, including any labs or diagnostic testing that has been ordered

REFERRING PROVIDER:

Name: _____ Phone: _____ Fax: _____

Address: _____

Patient Name: _____ DOB: _____

Reason for Referral/Diagnosis: _____

Is this appointment urgent? Yes _____ No _____

May we schedule this appointment with the nurse practitioner? Yes _____ No _____

An appointment has been scheduled for your patient on: _____

With _____ Dr. Aurand
_____ Michelle Burgess

Patient will receive history forms from our office to complete and bring with them.

PLEASE NOTIFY YOUR PATIENT OF THIS DATE AND TIME. THANK YOU!