EMORY HEALTHCARE

Physician Referral Form

Tel: **404-778-4832**
Fax: **404-778-6022**

Thank you for referring your patient to Emory Healthcare. Please indicate the specialty to which you are referring your patient:

- ○ Allergy and Immunology
- ○ Arthritis and Rheumatology
- ○ Bariatric Surgery
- ○ Cardiology
- ○ Cardiothoracic Surgery
- ○ Dermatology
- ○ Endocrinology
- ○ Gastroenterology
- ○ General Surgery
- ○ Genetic Medicine
- ○ Gerontology
- ○ Hematology Oncology
- ○ Infectious Disease
- ○ Interventional Radiology
- ○ Medical Oncology
- ○ Nephrology
- ○ Neurology
- ○ Neurosurgery
- ○ OB/GYN
- ○ Ophthalmology
- ○ Oral and Maxillofacial Surgery
- ○ Orthopaedics & Spine
- ○ Otolaryngology
- ○ Pain Center
- ○ Palliative Medicine
- ○ Plastic and Reconstructive Surgery
- ○ Psychiatry
- ○ Pulmonary Care
- ○ Radiation Oncology
- ○ Rehabilitation Services
- ○ Sleep Disorders
- ○ Sports Medicine
- ○ Surgical Oncology
- ○ Transplant
- ○ Urologic Surgery
- ○ Vascular Surgery
- ○ Other_____
- ☐ Specific physician_____

Please provide the following so we can schedule an appointment:

FAX THIS FORM AND PERTINENT MEDICAL RECORDS TO 404-778-6022

○ PERTINENT MEDICAL RECORDS

○ INSURANCE AUTHORIZATION (IF REQUIRED)

Referring provider information

Name:	Practice:
City, state:	Phone:
Fax:	E-mail:
Office contact:	

Patient information

Patient name:		○ M ○ F
Street address:		
City, state:		Date of birth:
Parent/guardian:		

Please check preferred contact phone number:

○ HOME: ○ CELL: ○ WORK:

Interpreter needed? ○ YES ○ NO LANGUAGE:

Primary Care Provider (IF DIFFERENT FROM REFERRING):

This visit is (MARK ONE):

○ **Routine** WITHIN 30 DAYS ○ **Semi-urgent** *WITHIN 2 WEEKS ○ **Urgent** *LESS THAN 48 HOURS

*For urgent appointments, please call **404-778-4832**

I am requesting: ○ CONSULT ONLY ○ ONGOING CARE ○ REFERRAL REQUESTED BY PATIENT

Patient's medical issue

ICD-10 code:

Please tell us what specific medical issue to address at this visit:

Information check list PLEASE ATTACH (WHERE APPLICABLE):

○ PROGRESS NOTES	○ PREVIOUS WORK UP FOR THESE SYMPTOMS
○ LABS	○ PATHOLOGY
○ IMAGING	○ MEDICATION LIST, ALLERGIES
○ OTHER:	

QUESTIONS ABOUT THIS REFERRAL? CALL US AT 404-778-4832.