REFERRAL FORM

SPECIALTY CLINIC REQUESTED / FAX

- ❑ Cardiology / (515) 282-2520
- ❑ Dental / (515) 282-2774
- ❑ Dermatology Procedures / (515) 282-2332
- ❑ Endocrinology / (515) 282-6390
- ❑ ENT / (515) 282-5734
- ❑ Family Health / (515) 282-2332
- ❑ Foot and Ankle / (515) 282-2515
- ❑ Geriatrics / (515) 282-5705
- ❑ Gastroenterology / (515) 282-2332
- ❑ Healthy Lifestyle Living / (515) 282-2332
- ❑ Imaging Services / (515) 282-2266
- ❑ Infectious Disease / (515) 282-4540
- ❑ Internal Medicine / (515) 282-2520
- ❑ Nephrology / (515) 282-6390
- ❑ Neurology / (515) 282-2346
- ❑ Oncology / (515) 282-6399
- ❑ Ophthalmology / (515) 282-5734
- ❑ Optometry / (515) 282-5734
- ❑ Orthopaedics / (515) 282-6382
- ❑ Outpatient Behavioral Health / (515) 282-5642
- ❑ Pain Management Center / (515) 282-8271
- ❑ Pediatrics / (515) 282-2733
- ❑ Physical Therapy / (515) 282-3618
- ❑ Primary Care Clinic /
  - 1st Floor (515) 282-3708
  - 2nd Floor (515) 282-4430
- ❑ Sleep, Lung & Allergy Center / (515) 282-6235
- ❑ Surgery Clinic / (515) 282-3653
- ❑ Urology / (515) 282-4288
- ❑ Women's Health / (515) 282-7860

PATIENT INFORMATION

Patient Name: ______________________________ DOB: ____/____/____

❑ Male ❑ Female Phone Number: ______________ Alternate Phone: ______________

Street Address: ______________________________ City/State/Zip: ______________

Reason for request:

REFERRING PROVIDER/GROUP

Referring Facility: ______________________ Facility Phone Number: ______________

Email: ______________________ Fax: ______________

Referring Provider: ______________________ Provider Phone Number: ______________

NPI#: ______________________

REQUIRED INFORMATION

Insurance Carrier: ______________________ Member ID: ______________

Insurance Authorization # (if applicable): ______________________

All Relevant Tests/Labs/Diagnostic Studies: ______________________

Last Clinic Note, History and Physical: ______________________

Referrals may require additional phone calls if required information is not included

Please fax this form and the required information to the specific clinic fax number listed above.