

# Medical Specialty Services

301 E. Wendover Avenue

Suite 412

Greensboro, NC 27401

Phone: (336) 832-4372

Fax: (336) 832-4370

Michael Fried, MD  
Steven Zacks, MD  
Paul Hayashi, MD  
Jama Darling, MD

A. Sid Barritt, MD  
Donna Evon, PhD  
Karen Dougherty, ANP  
Scott Elliott, PA-C

## PATIENT REFERRAL FORM

Date \_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Referring Physician \_\_\_\_\_ UPN# \_\_\_\_\_

Phone # \_\_\_\_\_ Your office fax # \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Office Address \_\_\_\_\_

Carolina Access Authorization # \_\_\_\_\_ NPI# \_\_\_\_\_

Patient Insurance \_\_\_\_\_ Referral needed? \_\_\_\_\_

Diagnosis \_\_\_\_\_

**IF REFERRAL/AUTHORIZATION IS NEEDED, PLEASE SEND WITH PATIENT RECORD.**

Due to our specialty, we **must** have the following information before we can schedule an appointment:

**All labs related to hepatitis screening/testing**

**\*\*\*Recent CBC, CMP, PT, INR, Albumin, TSH\*\*\***

**2 most recent office visit notes**

Any GI/Abdominal studies (biopsy, colonoscopy, MRI, CT, U/S ...)

Any record of Hep A or Hep B vaccination status

Most recent H & P

Copy of patient's insurance card

**OFFICE USE ONLY**

**Date of Appt.** \_\_\_\_\_

**Appt. time** \_\_\_\_\_