



WHAT DO WE NEED IN A REFERRAL?

03 REQUESTED SERVICES

- Consult
- Evaluate and Treat
- Diagnostic

04 STAT

If STAT - please mark prominently

01 DEMOGRAPHICS

- Patient name
- Date of birth
- Phone number
- Address

05 DIAGNOSIS

Diagnosis that patient is being referred for with notes/results from referring provider

02 INSURANCE

- Name
- Group number
- Member ID

06 AUTH

- Auth number if required
- Effective/expiration dates