Professional Medical Center
Our Passion. Our Purpose. Our Patients First.

professionalmedicalcenter.org

Patient Referral Form

Date Referred:_____

Referred BY_____Supervising MD_____Phone:_____Fax:_____

Referred To: _____Fax #:_____

Office Address:_____ Phone #:_____

Patient Name_____ DOB:_____Gender: F / M

Parent's Name (if patient is a minor)_____

Home Phone:_____Work Phone:_____Cell Phone:_____

Patient's Address:_____

Authorization: ☐ Not Required ☐ Requested/Pending ☐ Requested/Obtained Auth #_____

Primary Medical Insurance:_____Subscriber ID#:_____

Secondary Medical Insurance:_____Subscriber ID#:_____

Worker's Comp Insurance (if any):_____Employer:_____

Adjustor_____Claim # _____Date of Injury:_____

Comp Address_____Comp Telephone_____

<u>For Urgent Referrals</u> (need to be seen within a week), **the referring clinician should call the specialist.**

3956 Mount Elliott Detroit, MI 48207	20901 W. Seven Mile Rd. Detroit, MI 48219	18060 Conant Detroit, MI 48234	15200 Gratiot Detroit, MI 48205
(313) 925-4540 O (313) 925-4604 F	(313) 532-2000 O (313) 538-2609 F	(313) 891-0044 O (313) 891-3342 F	(313) 526-2376 O (313) 526-2341 F

☐ **Reason for Referral (Symptoms of Concern)** (<u>also</u> send related medical records or dictated summary)

☐ Please advise on the patient's care ☐ Please assume care of this patient

Please ask patient to provide related records from other specialists, if any.

☐ **Relevant lab tests and imaging results** (also send related medical records)

☐ **Medications and Dosages tried and outcomes** (if not specifically noted in medical records sent with referral)

Please ask patient to bring his/her complete medication list with dosages (or bring the meds themselves) to their appointment.

Appointment is scheduled with:_____on _____at _____ arrival time

Prior to appointment please obtain the following information, tests, etc:_____

Date faxed/emailed to referring clinician: _____

☐ We will contact patient to schedule ☐ Please have patient call to schedule ☐ Please call patient to schedule