

# UNITED HOSPITAL CENTER

## UHC Orthopaedics and Sports Medicine

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### Other Convenient Locations:

UHC Orthopaedics at St. Joseph's Hospital - Buckhannon  
UHC Orthopaedics at Grafton City Hospital

## REFERRAL/CONSULTATION FORM

Please complete all sections of this form and FAX it to: (681) 342-1917

Referring Provider:	_____	Referring Office Name:	_____
Referring Provider Phone #:	_____	Office FAX #:	_____
Primary Care Provider:	_____	Today's Date:	_____
Person Completing Form:	_____	Patient's SSN:	_____
Patient's Name (F,MI,L):	_____		
Patient's Address:	_____		
Patient's Date of Birth:	_____	Patient's Phone #:	_____
Patient's Insurance/Auth #'s:	_____		

Reason for Referral (please be specific): \_\_\_\_\_

\_\_\_\_\_

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### Please Note:

- Please include most recent progress notes, x-rays, MRI, CT reports, and procedure reports.
- Please include any additional information pertinent to this referral.
- We will notify the patient by mail or phone of appointment time and date.

**Thank you for your referral. Please do not hesitate to call us with any questions or concerns.**

Office Use Only	
Provider:	_____
EPIC MRN:	_____
Appointment Date:	_____
Appointment Time:	_____