WVU Medicine

Obstetrics and Gynecology Referral

PHONE: 304-848-2150 FAX: 304-848-2153 527 Medical Park Drive, Suite 108, Bridgeport, WV 26330

Date of Referral: _____/_____/_____

Referring Physician: _____ Contact Person: _____

Phone #: _____ Fax #: _____

Address: _____

Reason for Referral: _____

PATIENT INFORMATION

Name: (Last) _____ (First) _____ (MI) _____

DOB: _____/_____/_____ Social Security #: _____

Address: _____

Home #: _____ Cell #: _____ Work #: _____

INSURANCE INFORMATION

Insurance Co. Name: _____

Policy ID #: _____ Subscriber's Name: _____

PROVIDER PREFERENCE

OB/GYN Providers

- ☐ **First available**
- ☐ **Matthew J. Honaker, MD**
- ☐ **Richard King, MD**
- ☐ **Janell Mace, MD**
- ☐ **Marissa Barberio Saas, PA**
- ☐ **Stephanie Hurst, CNM**
- ☐ **Myna Smith, CNM**

Urogynecology Providers

- ☐ **First available**
- ☐ **Omar Duenas, MD**
- ☐ **Robert Shapiro, MD**

PATIENT DOCUMENTS

☐ **WVHIN** ☐ **EPIC**

If not, FAX or MAIL the following:

- ☐ **Patient records**
- ☐ **Previous treatments for conditions**
- ☐ **Procedure(s) requested, if applicable**
- ☐ **Copy of insurance/Rx card**