

PHONE: 304-598-4500

FAX: 304-598-4553

PO BOX 8110, Morgantown, WV 26506-8110

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: _____

PATIENT DOCUMENTS☐ WHIN☐ EPIC

If not, FAX or MAIL the following:

- ☐ Office notes and hospital discharge notes
- ☐ Operative reports
- ☐ Laboratory reports
- ☐ Viral, bacterial, and fungal testing reports
- ☐ Von Willebrand work-up and bleed history
- ☐ Bone marrow aspirate and biopsy slides/blocks (pathology slides)
- ☐ Diagnostic and staging radiology films and reports
- ☐ Imaging reports and images on CD
- ☐ Copy of insurance/Rx card

Important specialty specific notes:

(If the images are uploaded to Image Grid, you do not need to send a CD.)

Mail all pathology slides / radiology CDs / scans to:

Referral Coordinator, MBRCC
PO BOX 8110
Morgantown, WV 26506-8110