



UNITED HOSPITAL CENTER

135 Professional Place
Bridgeport, WV 26330
681.342.3595 Phone
681.342.3598 FAX
Other Convenient Location:
UHC Urology at Weston

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REFERRAL/CONSULTATION FORM

Please complete all sections of this form and FAX it to: (681) 342-3598

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): _____

Please Note:

- We must have PSA's for all males over the age of 50. Please send the most recent Serum PSA on file.
- Please FAX any pertinent X-Ray or Lab reports along with this form.
- 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:	_____