WVUMedicine
UNITED HOSPITAL CENTER

GENERAL SURGERY
527 MEDICAL PARK DRIVE, SUITE 202
BRIDGEPORT, WV 26330
681.342.3400 PH
681.342.3894 FAX

Appointment Referral Form

General Surgery

*Please complete form, fax to 681-342-3894, and advise your patient our office will be sending them appointment date for office visit and time.

**(Go to http://www.wvuchart.com to complete the referral on line!)

Referral Date: _____ Referring Provider: _____

Staff Name: _____ Office Phone: _____

Fax Number: _____ Location: _____

Patient's Name: _____ DOB: _____

Address: _____

Home #: _____ Cell #: _____ SSN #: _____

Primary and Secondary Ins: _____ M or F

*Does this patient's insurance require an authorization to see a specialist? YES NO

Authorization Information: _____

*COLONOSCOPY REFERRALS: SCREENING or DIAGNOSTIC

*Chief Complaint / Reason for referral: _____

_____

*Work Up that determined a surgical consult; when and where:

Referring Offices: Please send all essential records the surgeon may need to determine surgery.

Dr. Madden **Dr. Vasani** **Dr. Raymond** **Dr. Choi** **1st Available.**

Other notes/requests regarding appointment: _____

Office Use Only: E# _____ Appt. Date and Time _____