

WVUMedicine
UNITED HOSPITAL CENTER

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PLEASE CHECKMARK THE PREFERRED REFER TO LOCATION BELOW:

☐ UHC Rheumatology-**Bridgeport**
120 Medical Park Dr. Suite 100
Bridgeport, WV 26330
681-342-3490 Phone
681-342-3491 Fax

☐ UHC Rheumatology-**Elkins**
1013 N Randolph Ave.
Elkins, WV 26241
681-342-3000 Phone

Referral/Consultation Form
FAX THIS COMPLETED FORM TO : (681)-342-3491

Referring Provider:_____Referring Office Name:_____

Referring provider Phone Number:_____Office FAX #_____

Primary Care Provider:_____Today's Date:_____

Person Completing Form:_____

Patient's Name:_____Patient's Date of Birth:_____

Patient's Address:_____City:_____State:_____

Patient's Phone Number:_____Auth # for Visit if required:_____

Has patient previously seen a Rheumatologist?_____If so, list name:_____

Reason For Referral:(Please be specific)_____

Please Note:

- ☐ Please include demographic information and copies of Insurance Cards
- ☐ Please include most recent progress notes, labs, 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 the appointment time and date

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