WVUMedicine
UNITED HOSPITAL CENTER

Obstetrics and Gynecology Consultation / Referral

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

TO

Attention: **OB/GYN, UHC**

Phone: **304-848-2150**

Fax: **304-848-2153**

FROM

Phone: _____

Fax: _____

No. of pages sent: _____

Appointment Date: _____/_____/_____ Time: _____ Provider: _____

☐ **URGENT / Please Reply ASAP** ☐ **Review and reply**

PATIENT INFORMATION

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

DOB: _____/_____/_____ Home #: _____ Cell #: _____

Address: _____ City: _____ State: _____

CONSULTATION / REFERRAL INFORMATION

Date of Request: _____/_____/_____

Requesting Physician: _____ Contact Name: _____

Phone #: _____ Fax #: _____

Address: _____

Reason for Consult: _____

Onset Date: _____/_____/_____ Previous treatments for conditions: _____

_____

Request doctor performs: _____

Specify procedure(s): _____

Select Physican / Provider: (Please circle.)

First available **Matthew J. Honaker,** MD **Janell C. Mace,** MD **Robert Shapiro,** MD

Marissa Barberio Saas, NP **Stephanie Hurst,** CNM, MSN **Myna Smith,** CNM

Signature of requesting provider: _____