

McLaren Print System Order

Order No: 53443 Reprint Previous Order No: 51972
Order Date: 2020-03-23
User: Laura Atsoff
Phone: 586-790-9003

Ship Location: McLaren Macomb Family First
36500 Gratiot, Suite 202
Clinton Twp , MI 48035

Forms

Quantity: 1000
Paragon Dept No: 60320
Dept Name: McLaren Macomb Family First
Company Number: 260

Order Total Price: 549.50

Item Number: MO-34330
Item Description: REQUEST FOR REFERRAL
Revision Date: 1/2020
Print: 1 sided black and white
Paper: 3 Part (White, Yellow, Pink)
Size: 8.5 x 11
Fold:
Finish: None
Drill: 2 Hole Top
Misc Info: ss; black; 3 part

McLaren Macomb
REFERRAL/CONSULTATION REQUEST

To: Dr. _____ Specialty: _____
Referred to you from provider: _____
Patient Name: _____ DOB: _____ Phone: (____) _____
Date of Referral: _____ Patient needs appointment with you within _____ days/weeks
Insurance Type: _____
Diagnosis: _____
Reason for Referral: _____
History: diagnostic testing completed/therapeutic measures tried: _____

See attached patient registry report See attached prescription list
 See attached test results No test results available

Request for: **Office Visit Type** **Appointment time preference**
 Initial consultation Evaluate A.M.
 Follow-up Evaluate/Treat P.M.
 Pre-Certification Other _____ None

Signature of referring provider (if applicable): _____ Date: _____
Appointment Date/Time: _____ ** Please notify us immediately if our patient does not keep their appointment

Comments: _____

PLEASE OBSERVE THE FOLLOWING GUIDELINES:

- Please use McLaren facilities for all tests, treatments, and procedures.
- Contact the Primary Care Physician if further visit/testing is needed before the appointment is made.
- Use Network Formulary when prescribing medications.
- Send consultation report and any applicable test results to Primary Care Physician within seven (7) days of service.

Office Use Only:

Date follow up letter received from Specialist: _____
Reason patient did not keep appointment: _____
Date patient completed Specialist evaluation: _____

White Copy: Patient
Heavy Copy: Chart
Pink Copy: Tracking/Info

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MO-34330-01