

- Steven W. Yates, MD
- Keith A. Ayrans, MD
- William J. Charles, MD
- Lia M. Spina, MD
- James G. McGrath, MD

For Internal Use Only



Account Number: _____

Appointment Date: _____

Appointment Time: _____

Location: Gastonia Belmont

Referral Form

Today's Date: _____ Diagnosis/Chief Complaint: _____

Patient's Name: _____ Patient's DOB: _____

Patient's Address: _____

Pt's Cell #: _____ Pt's Home #: _____ Pt's Work #: _____

Pt's SSN#: _____ Email Address: _____

Please Attach Any of the Following Medical Records: Radiology CT Scans, PET Scans, Plain X-Ray, Pathology, Labs from the Last 6 Months, Recent History and Physical, Office Notes, and Operative Notes

Referring Physician Information

Physician Name: _____ NPI#: _____

Name of Practice: _____ Contact Person: _____

Address: _____

Practice Phone Number: _____ Fax Number: _____

Primary Care Physician: _____ PCP Practice: _____

PCP Address: _____ PCP Phone #: _____ PCP Fax #: _____

Insurance Info

Name of Primary Insurance: _____

Policy/Member ID: _____ Group Number: _____

Insured's Name: _____ DOB: _____ SSN: _____

Name of Secondary Insurance: _____

Policy/Member ID: _____ Group Number: _____

Insured's Name: _____ DOB: _____ SSN: _____

Please notify the patient of their appointment when we fax over the completed form. Thank You.