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Jenna Brewer, PA-C ✎ **Tera Puckett, PA-C** ✎ **Karis Paisley, FNP-C** ✎ **Jennifer Crumm, PA-C**

Referral Form

We appreciate your referrals. To ensure your patient is scheduled in a timely manner, please send this form along with all supporting medical records. We will contact the patient to schedule an appointment. Thank you.

Date: _____

Patient Information: (Please attach demographic sheet)

Name: _____ DOB: _____

Contact number(s): _____

Insurance Information: (Please send a copy of the insurance card)

Insurance Name: _____ HMO PPO EPO POS

Secondary Insurance: _____ HMO PPO EPO POS

Referral Information:

Referring physician: _____

Phone: _____ Fax: _____

Referring to: Dr. Lackan / Dr. Bajaj / Dr. Tan / Dr. Hudak / Dr. Addington/ Clinic

Please specify reason for referral: _____

Please send all documents that apply to your patient's diagnosis. **Note: We will be unable to schedule without this information:**

Lab Reports Radiology Reports (Thyroid Conditions) Surgical Reports
 Office Notes Pathology Reports

For Office Use Only:

Appointment Date: _____ **Time:** _____

Additional Notes: _____
