

# PATIENT REFERRAL REQUEST FORM

FAX TO (757) 961-3934

**\*Our computer system will not allow us to schedule appointments without the required information denoted by an asterisk\***

The following information is **required** with your faxed request:

- ✓ Insurance referral (if required)
- ✓ Insurance Cards (Front/Back)
- ✓ Medical Records (to include office notes, operative reports, laboratory, radiology, and pathology reports)
- ✓ If being seen for elevated PSA, please include **last 5 years** of results
- ✓ Full SSN (required by system)
- ✓ Email Address

**Our Process:**

1. We will make 2 attempts to contact the patient- once by phone and once by email or letter.
2. After the second unsuccessful attempt to reach the patient, we will notify the referring provider by fax.

TAX ID#274848565

GROUP NPI: 1982994117

**THIS FORM IS FOR NON-URGENT/ROUTINE APPOINTMENTS (next available status). If patient needs to be seen urgently or emergently, please call the office at 757-457-5100 to schedule the appointment.**

**PATIENT INFORMATION**

\*Patient Name

\*Address

\*City

\*State

\*Zip Code

\*Date of Birth

\*Social Security Number (all 9 digits required)

\*Phone (Home)

\* (Cell)

(Work)

\*Email address:

**REFERRING PHYSICIAN/PROVIDER INFORMATION**

\*Physician Name

\*Address

\*City

\*State

\*Zip Code

\*Office Contact

\*Phone

\*Fax

**INSURANCE INFORMATION**

\*Primary

\*Secondary

**SCHEDULING INFORMATION**

Preferred Physician/Provider:

OR

First Available Physician/Provider:

\*Reason for referral/diagnosis (please state the reason, not the ICD9/10 code): (Leaving this portion blank will cause unnecessary delays in scheduling your patient.)

\*Insurance Auth # \_\_\_\_\_

\*Valid Dates: \_\_\_\_\_

**UVA USE ONLY: Thank you for your referral.**

\_\_\_\_\_ We are sorry to report that we have been unable to reach this patient to schedule an appointment.

\_\_\_\_\_ Patient declined an appointment at this time.

\_\_\_\_\_ Patient scheduled on \_\_\_\_\_ at \_\_\_\_\_ with Dr. \_\_\_\_\_

Appointment Coordinator:

Extension#:

Date Faxed:

**Urology of Virginia Office Locations**

- Clearfield: 225 & 229 Clearfield Avenue, Virginia Beach , VA 23462
- Hampton: 4000 Coliseum Drive Ste. 300, Hampton, VA 23666
- Suffolk: 7185 Harbour Towne Parkway South Ste. 200 Suffolk , VA 23435