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Raleigh • North Raleigh • Cary • Chapel Hill • Wake Forest • Fuquay Varina • Sanford • Dunn • Clayton • Rocky Mount • Greenville • New Bern

PHONE: 919.782.8038 • FAX: 919.782.8189 • www.NCRETINA.com

REFERRAL APPOINTMENT REQUEST

Please fax the completed referral form and consultation report to **(919) 782-8189 or (888) 972-5690.**

Thank you for referring your patient to NC Retina. We will contact the patient promptly to schedule an appointment. For **urgent** referrals, please call our office directly at **(919) 782-8038** to expedite scheduling.

REFERRING PROVIDER INFORMATION

REFERRING PROVIDER: _____
PRACTICE NAME: _____ ADDRESS: _____
OFFICE PHONE: _____ OFFICE FAX: _____

PATIENT INFORMATION

PATIENT NAME: _____ DOB: _____
CELL PHONE: _____ HOME PHONE:_____
EMAIL: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

MEDICAL INSURANCE INFORMATION

PRIMARY COMPANY NAME: _____ SUBSCRIBER ID: _____
SECONDARY COMPANY NAME: _____ SUBSCRIBER ID: _____

CLINICAL INFORMATION

APPOINTMENT TYPE:

☐ Urgent (Same Day or within 48 hours – Call to Schedule) ☐ Within 2 Week(s) ☐ Next Available

PREFERRED LOCATION:

☐ Raleigh ☐ North Raleigh ☐ Cary ☐ Chapel Hill ☐ Wake Forest ☐ Fuquay Varina ☐ Sanford ☐ Dunn
☐ Clayton ☐ Rocky Mount ☐ Greenville ☐ New Bern

REASON FOR REFERRAL: _____
_____
DIAGNOSIS: _____
NOTES: _____