

PATIENT REFERRAL FORM



Thank you for choosing UHealth as your healthcare partner. We value your trust and look forward to delivering top-quality care for your patients. Our team will contact your patient and ensure you receive confirmation and updates regarding their scheduled appointment.

CONVENIENT WAYS TO INITIATE AN APPOINTMENT FOR YOUR PATIENT:

1

Complete this form and click **SUBMIT**, or click **PRINT** then send **by fax** to 305-243-9772 or **via email** to ummd@miami.edu.

2

Call Physician Partner Concierge Services at 305-243-UMMD (8663) and provide the information below. Form may be saved for your files.

Today's date

Name of referring physician

NPI # of referring physician

Office phone number

Office fax number

Referring physician email address

Name of person completing this form

Phone number

Email address

Diagnosis

UHealth specialty/sub-specialty being requested

If applicable, has diagnosis or diagnostic test been confirmed with biopsy/surgery?

Yes

No

If yes, please note, medical records will be requested.

Patient (full name) / Nombre del paciente

Male or female / Masculino o femenino

Patient date of birth / Fecha de nacimiento del paciente

Patient preferred phone number and alternate phone number / Número de teléfono indicado del paciente y número alternativo

Primary care physician / Médico de atención primaria

Primary care physician phone number / Número de teléfono del médico de atención primaria

Patient primary insurance provider / Proveedor de seguro médico primario del paciente

Patient primary insurance ID # / Número de identificación de seguro médico primario del paciente

Patient secondary insurance provider / Proveedor de seguro médico secundario del paciente

Patient secondary insurance ID # / Número de identificación de seguro médico secundario del paciente

For use by doctor's staff only.

Physician Partner Concierge Services: Partnering with you to deliver expert patient care.