

# 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.

## TO INITIATE AN APPOINTMENT FOR YOUR PATIENT:

1

Complete this form **online** at [ummd.org/prf](http://ummd.org/prf), submit **by fax** to 305-243-9772, or **via email** to [ummd@miami.edu](mailto:ummd@miami.edu).

2

Provide the below information **by phone** to Physician Partner Concierge Services at 305-243-UMMD (8663).

\_\_\_\_\_  
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.

