

Tel: 404-778-4832
Fax: 404-778-6022

Thank you for referring your patient to Emory Healthcare. Please indicate the specialty to which you are referring your patient:

- ☐ Allergy and Immunology
- ☐ Arthritis and Rheumatology
- ☐ Bariatric Surgery
- ☐ Cardiology
- ☐ Cardiothoracic Surgery
- ☐ Colon & Rectal Surgery
- ☐ Dermatology
- ☐ Endocrinology
- ☐ Gastroenterology
- ☐ General Surgery
- ☐ Genetic Medicine
- ☐ Gerontology
- ☐ Hematology Oncology
- ☐ Hepatology
- ☐ Infectious Disease
- ☐ Interventional Radiology
- ☐ Medical Oncology
- ☐ Nephrology
- ☐ Neurology
- ☐ Neurosurgery
- ☐ Nutrition
- ☐ OB/GYN
- ☐ Ophthalmology
- ☐ Oral and Maxillofacial Surgery
- ☐ Orthopedics & Spine
- ☐ Otolaryngology
- ☐ Pain Center
- ☐ Palliative Medicine
- ☐ Plastic and Reconstructive Surgery
- ☐ Podiatry
- ☐ Psychiatry
- ☐ Pulmonary Care
- ☐ Radiation Oncology
- ☐ Rehabilitation Services
- ☐ Sleep Disorders
- ☐ Sports Medicine
- ☐ Surgical Oncology
- ☐ Transplant
- ☐ Urologic Surgery
- ☐ Vascular Surgery
- ☐ Wound Care
- ☐ Other _____
- ☐ Specific physician _____

Please provide the following so we can schedule an appointment:	FAX THIS FORM AND PERTINENT MEDICAL RECORDS TO 404 778 6022
☐ PERTINENT MEDICAL RECORDS	
☐ INSURANCE AUTHORIZATION (IF REQUIRED)	
Referring provider information	
Name:	Practice:
City, state:	Phone:
Fax:	E-mail:
Office contact:	
Patient information	
Patient name:	☐ M ☐ F
Street address:	
City, state:	Date of birth:
Parent/guardian:	
Please check preferred contact phone number:	
☐ HOME:	☐ CELL:
☐ WORK:	
Interpreter needed? ☐ YES ☐ NO LANGUAGE:	
Primary Care Provider (IF DIFFERENT FROM REFERRING):	
This visit is (MARK ONE):	
☐ Routine WITHIN 30 DAYS ☐ Semi-urgent *WITHIN 2 WEEKS ☐ Urgent *LESS THAN 48 HOURS	
*For urgent appointments, please call 404-778-4832	
I am requesting: ☐ CONSULT ONLY ☐ ONGOING CARE ☐ REFERRAL REQUESTED BY PATIENT	
Patient's medical issue	
ICD-10 code:	
Please tell us what specific medical issue to address at this visit:	
Information check list PLEASE ATTACH (WHERE APPLICABLE):	
☐ PROGRESS NOTES	☐ PREVIOUS WORK UP FOR THESE SYMPTOMS
☐ LABS	☐ PATHOLOGY
☐ IMAGING	☐ MEDICATION LIST, ALLERGIES
☐ OTHER:	
QUESTIONS ABOUT THIS REFERRAL? CALL US AT 404-778-4832.	