



**CLEAR FORM**

**Appointment Referral Fax Form**  
**Phone: (704) 998-0965 for Scheduling/Referral**  
**Fax: (704) 644-1827**

**Please complete ALL information listed below to help us process this referral and expedite treatment to your patient.**

Name of Referring Practice: \_\_\_\_\_ Physician: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax#: \_\_\_\_\_

**Patient Information**

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parents/Guardian's Name: \_\_\_\_\_ Parents' DOB \_\_\_\_\_ Relationship: \_\_\_\_\_

Interpreter Needed Type:  Spanish  Hearing Impaired  Other: \_\_\_\_\_

**Insurance Information - Please include front and back copies of the patient's card**

Primary Insurance: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group#: \_\_\_\_\_

Authorization/NPI#: \_\_\_\_\_ # of Visits: \_\_\_\_\_ Effective Dates: \_\_\_\_\_ to \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Policy#: \_\_\_\_\_ Group#: \_\_\_\_\_

Authorization/NPI#: \_\_\_\_\_ # of Visits: \_\_\_\_\_ Effective Dates: \_\_\_\_\_ to \_\_\_\_\_

Symptoms: \_\_\_\_\_

Locations	Available Providers						
Eastover Main	Herring MD	Hungness MD	Norris MD	Phillips MD	Roberts MD	Canaan, PA-C	
Ballantyne	Chadha MD	Collins MD	Lapuente DO	Patel RR MD	Shah DO	Silton MD	Sheehan NP
Concord	Collins MD	Herring MD	Lemke MD	Patel RR MD			
Cornelius	Biswas MD	Norris MD	Thomas PA-C				
Gastonia	Gilchrist MD	Langley MD	Patel VK MD	Roberts MD	Silton MD	Hubeli NP	
Hickory Office	Boyd MD		Thompson PA				
Huntersville	Biswas MD	Herring MD	Lemke MD	Parkhurst PA			
Matthews	Caicedo MD	Lapuente DO	Patel VK MD	Griffin NP	Durban RD		
Monroe	Collins MD	Collura MD	Phillips MD				
Mooresville	Biswas MD	Lemke MD	Thomas PA-C				
Rock Hill	Chadha MD	Gilchrist MD	Hungness MD	Patel RR MD	Shah DO	Kuriakose PA-C	
Shelby	Harden FNP-C						
South Park	Chadha MD	Collins MD	Hungness MD	Langley MD	Patel VK MD	Laungani NP	Durban RD
Steele Creek	Gilchrist MD	Lapuente DO					
University	Caicedo MD	Langley MD	Norris MD	Roberts MD	Davis, PA-C		
Waverly	Caicedo MD	Collura MD	Lapuente DO	Phillips MD			

Choose Location	Providers

**Our Referrals/Physician Priority Line: 704-998-0965**

*We will send you an appointment confirmation sheet back after we have tried to contact your patient.*

**If you prefer, you may send referrals directly from your Electronic Health Record System as we are participating in the Health Information Systems Program.**