

REFERRAL REQUEST DATA SHEET

Please fax all referrals and records to: (901) 515-9162

877 Jefferson Ave.
Memphis, TN 38102
regionalonehealth.org

Specialty Clinic Requested: _____

Date: _____

Name: _____

DOB: _____

SSN: _____

Phone: _____

Mailing Address: _____

City: _____

State: _____ Zip: _____

Insurance: _____

Policy/Grp. #: _____

Authorization # Exp. Date: _____

Visits: _____

PCP/Referring Physician: _____

Facility Name: _____

Facility Phone: _____

Facility Address: _____

City: _____

State: _____ Zip: _____

Facility Fax: _____

Person to contact for appt.: _____ Ext. #: _____

Check all that apply: Consult

Evail. & Treat

Pre-Op

Referral Diagnosis: _____

Please ensure the following documents are attached.

Recent office notes
Labs
Diagnostic testing

Referral sheet
Demographic sheet
Front/Back of insurance card

Parking is available at 890 Madison Avenue, in the Turner Tower Burn Center parking lot. Parking code and directions will be given at the time of scheduling.

Regional One Health Office Use Only

Appointment Date/Time: _____