

PATIENT REFERRAL REQUEST FORM

FAX TO (757) 961-3934

Our computer system will not allow us to schedule appointments without the required information denoted by an asterisk

The following information is **required** with your faxed request:

- ✓ Insurance referral (if required)
- ✓ Insurance Cards (Front/Back)
- ✓ Medical Records (to include office notes, operative reports, laboratory, radiology, and pathology reports)
- ✓ If being seen for elevated PSA, please include **last 5 years** of results
- ✓ Full SSN (required by system)
- ✓ Email Address

Our Process:

1. We will make 2 attempts to contact the patient- once by phone and once by email or letter.
2. After the second unsuccessful attempt to reach the patient, we will notify the referring provider by fax.

TAX ID#274848565

GROUP NPI: 1982994117

THIS FORM IS FOR NON-URGENT/ROUTINE APPOINTMENTS (next available status). If patient needs to be seen urgently or emergently, please call the office at 757-457-5100 to schedule the appointment.

PATIENT INFORMATION

*Patient Name

*Address

*City

*State

*Zip Code

*Date of Birth

*Social Security Number (all 9 digits required)

*Phone (Home)

* (Cell)

(Work)

*Email address:

REFERRING PHYSICIAN/PROVIDER INFORMATION

*Physician Name

*Address

*City

*State

*Zip Code

*Office Contact

*Phone

*Fax

INSURANCE INFORMATION

*Primary

*Secondary

SCHEDULING INFORMATION

Preferred Physician/Provider:

OR

First Available Physician/Provider:

*Reason for referral/diagnosis (please state the reason, not the ICD9/10 code): (Leaving this portion blank will cause unnecessary delays in scheduling your patient.)

*Insurance Auth # _____

*Valid Dates: _____

UVA USE ONLY: Thank you for your referral.

_____ We are sorry to report that we have been unable to reach this patient to schedule an appointment.

_____ Patient declined an appointment at this time.

_____ Patient scheduled on _____ at _____ with Dr. _____

Appointment Coordinator:

Extension#:

Date Faxed:

Urology of Virginia Office Locations

- Clearfield: 225 & 229 Clearfield Avenue, Virginia Beach 23462
- Hampton: 4000 Coliseum Drive Ste. 300, Hampton 23666
- Suffolk: 7185 Harbour Towne Parkway South Ste. 200 Suffolk 23435
- Williamsburg: 400 Sentara Circle, Ste. 310 Williamsburg 23188
- South Boston: 2202 A Beechmont Rd, South Boston 24592