Bajaj & Co. ENDOCRINOLOGY

Chris Bajaj, DO, PA, FACE, ECNU

REFERRAL FORM

We appreciate your referrals. To ensure your patient is scheduled in a timely manner, please send this form along with all supporting medical records. We will contact the patient to schedule an appointment. Thank you.

Date: _____

Patient Information: **(Please attach demographic sheet)**

Name: _____ DOB: _____

Contact Number: _____

Insurance Information: **(Please send a copy of the insurance card)**

Insurance Name: _____ ☐HMO ☐PPO ☐EPO ☐POS

Secondary Insurance: _____ ☐HMO ☐PPO ☐EPO ☐POS

Referring Information:

Referring Physician: _____

Phone: _____ Fax: _____

Referring To: ☐ **Dr. Bajaj** ☐ **Clinic**

Please specify reason for referral:

Please send all documents that apply to your patient's diagnosis. Note: We will be unable to schedule without this information:

☐ Lab Reports ☐ Radiology Reports (Thyroid Conditions) ☐ Surgical Reports

☐ Office Notes ☐ Pathology Reports

For Office Use Only

Appointment Date: _____ **Time:** _____

Additional Notes: _____

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