



**PATIENT INFORMATION**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
 PHONE #: \_\_\_\_\_ INSURANCE: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_

**REFERRAL INFORMATION**

REFERRING PHYSICIAN: \_\_\_\_\_ ORGANIZATION: \_\_\_\_\_  
 PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_

Referral Priority:  Routine (next available date)  Urgent (less than 48 hours)  STAT (Immediately) Please call 671-633-GRMC (4762) to have our operator connect you with a physician  
 Preferred Physician (If known): \_\_\_\_\_ DIAGNOSIS/ICD-10: \_\_\_\_\_  
 REASON FOR REFERRAL: \_\_\_\_\_

**CARDIOLOGY**

**CARDIOLOGY**  **INTERVENTIONAL CARDIOLOGY**  **HEART FAILURE CLINIC**  
 PROCEDURES:  Echo  Echo w/ Bubble Study  Echo w/ Lumason  Pacemaker Interrogation  6-Minute Walk Test  
 Treadmill Stress Test  TEE  Zio Patch  Other \_\_\_\_\_

**SURGERY**

**GENERAL SURGERY** PROCEDURES:  Dialysis Access  Endoscopy/Colonoscopy  Minimally Invasive/GI Surgery  
 Hernia  Other \_\_\_\_\_

**CANCER**

**MEDICAL ONCOLOGY**  **HEMATOLOGY**  **INFUSION SERVICES**  **RADIATION ONCOLOGY**  
 PROCEDURES:  Antibiotic  Blood Transfusion  Chemotherapy  Radiation  Other \_\_\_\_\_

**NEUROSCIENCE**

**NEUROLOGY**  **NEUROSURGERY**  **NEURO & GENERAL INTERVENTIONAL RADIOLOGY**  
 PROCEDURES:  EEG  Home Sleep Test  Other \_\_\_\_\_

**PULMONOLOGY**

**PULMONOLOGY**  
 PROCEDURES:  PFT  CPET  Methacholine Challenge  6-Minute Walk Test  Airway Clearance  
 FENO  Bronchoscopy  Pulmonary Rehabilitation

**REHABILITATION**

**REHABILITATION**  
 Physical Therapy  Speech Therapy  Occupational Therapy  Other \_\_\_\_\_

**OTHER SPECIALTY PROVIDERS:**

**HYPERBARIC/WOUNDCARE**  **INFECTIOUS DISEASE**  **ORTHOPEDICS**  **PODIATRY**  **SPORTS MEDICINE**  
 Comments: \_\_\_\_\_

REFERRING PHYSICIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

May 03, 2022 / Referral Form 2022