

# SLUCare Physician Group

## Physician Referral Management Services

### SLUCare Call Center

Phone: (800) 637-5463

Fax: (314) 977-8299

Referring Physician \_\_\_\_\_ Date/Time \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Contact Person \_\_\_\_\_ Contact Number ( ) \_\_\_\_\_

#### PATIENT INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Phone Number ( ) \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Insurance Type \_\_\_\_\_ Insurance ID # \_\_\_\_\_

Translator Needed Yes \_\_\_ No \_\_\_ Language \_\_\_\_\_

Requested Specialty \_\_\_\_\_

Clinical Reason for Referral \_\_\_\_\_

Urgent appointment

First available appointment

1. Please attach demographic information.
2. Please attach most current office note and any tests if applicable.
3. Please inform the patient they will be contacted by a SLUCare representative to assist them in scheduling their specialist consultation.

We will contact the patient or office within 1-2 business days of receiving request, if you have any questions please contact us at **(800) 637-5463**.