

REQUEST FOR REFERRAL

FROM:

- | | | | | |
|--|---|---|--|---|
| <p><input type="checkbox"/> Apex
WakeMed Apex Healthplex
120 Healthplex Way
Suite 201
Apex, NC 27502
Office: 919-232-0323
Fax: 919-367-2693</p> <p>PROVIDERS:
<input type="checkbox"/> Hemant Soloman, MD
<input type="checkbox"/> Sheel Tolia, MD
<input type="checkbox"/> Jennie Buchovlck, PA
<input type="checkbox"/> Jay Harless, PA</p> | <p><input type="checkbox"/> Brier Creek
WakeMed Brier Creek
8001 T.W. Alexander Drive
Suite 204
Raleigh, NC 27617
Office: 919-350-9640
Fax: 919-596-1928</p> <p>PROVIDERS:
<input type="checkbox"/> Padma Hari, MD
<input type="checkbox"/> Chelsea Ngongang, MD</p> | <p><input type="checkbox"/> Cary
210 Ashville Avenue
1st Floor
Cary, NC 27518
Office: 919-350-2580
Fax: 919-851-4947</p> <p>PROVIDERS:
<input type="checkbox"/> Peter Chan, MD
<input type="checkbox"/> Richard Daw, MD
<input type="checkbox"/> Siva Ketha, MD
<input type="checkbox"/> Jimmy Locklear, MD
<input type="checkbox"/> Ashish Patel, MD
<input type="checkbox"/> Hemant Soloman, MD</p> | <p><input type="checkbox"/> Clayton
Spring Branch Medical Pavilion
166 Springbrook Avenue
Suite 201
Clayton, NC 27520
Office: 919-861-8939
Fax: 919-359-3430</p> <p>PROVIDERS:
<input type="checkbox"/> Raj Fofaria, MD
<input type="checkbox"/> Matt White, MD</p> | <p><input type="checkbox"/> Fuquay-Varina
231 North Judd Parkway
Suite 210
Fuquay-Varina, NC 27526
Office: 919-232-0322
Fax: 919-367-2693</p> <p>PROVIDERS:
<input type="checkbox"/> Hemant Soloman, MD
<input type="checkbox"/> Sheel Tolia, MD</p> |
| <p><input type="checkbox"/> Garner
WakeMed Garner Healthplex
400 U.S. Hwy 70 East
Suite 200
Garner, NC 27529
Office: 919-662-5001
Fax: 919-662-5002</p> <p>PROVIDERS:
<input type="checkbox"/> Jeffrey Blackburn, MD
<input type="checkbox"/> Mark Englehardt, MD
<input type="checkbox"/> Terri McDowell, NP</p> | <p><input type="checkbox"/> Heart Center
WakeMed Heart Center
3000 New Bern Avenue
Suite G100
Raleigh, NC 27610
Office: 919-231-6132
Fax: 919-231-6276</p> <p>PROVIDERS:
<input type="checkbox"/> Brian Go, MD
<input type="checkbox"/> Jason Haag, MD
<input type="checkbox"/> John Kelley, MD
<input type="checkbox"/> Douglas Friedman, MD
<input type="checkbox"/> Saroj Neupane, MD
<input type="checkbox"/> Marc Silver, MD
<input type="checkbox"/> Joshua Vega, MD
<input type="checkbox"/> Frances Wood, MD
<input type="checkbox"/> Ben Blaschke, PA
<input type="checkbox"/> Aaron Kopp, PA
<input type="checkbox"/> Mary McNeely, PA
<input type="checkbox"/> Lauren Morris, PA
<input type="checkbox"/> Matt Wrench, PA</p> | <p><input type="checkbox"/> North
Physician Office Pavilion
10010 Falls of Neuse Road
Suite 307
Raleigh, NC 27614
Office: 919-847-3164
Fax: 919-847-3195</p> <p>PROVIDERS:
<input type="checkbox"/> Oomer Aziem, MD
<input type="checkbox"/> Brian Go, MD
<input type="checkbox"/> Tapan Godiwala, MD
<input type="checkbox"/> Chelsea Ngongang, MD
<input type="checkbox"/> Marc Silver, MD
<input type="checkbox"/> Mike Wiegert, PA</p> | <p><input type="checkbox"/> Oberlin
505 Oberlin Road
Suite 130
Raleigh, NC 27605
Office: 919-235-1950
Fax: 919-235-1333</p> <p>PROVIDERS:
<input type="checkbox"/> Damien Marycz, MD
<input type="checkbox"/> Matt White, MD
<input type="checkbox"/> Tom Devito, PA
<input type="checkbox"/> Katie Salisbury, PA</p> | <p><input type="checkbox"/> Six Forks
3324 Six Forks Road
Raleigh, NC 27609
Office: 919-781-7772
Fax: 919-232-0329 or
919-232-0328</p> <p>PROVIDERS:
<input type="checkbox"/> Jeffrey Blackburn, MD
<input type="checkbox"/> Peter Chan, MD
<input type="checkbox"/> Mark Englehardt, MD
<input type="checkbox"/> George Hamrick, MD
<input type="checkbox"/> Padma Hari, MD
<input type="checkbox"/> Siva Ketha, MD
<input type="checkbox"/> Terri McDowell, NP</p> |

PATIENT INFORMATION

Name: _____ DOB: _____ Female / Male

Address: _____

Phone: (H) _____ (C) _____

Referring Physician: _____

Practice Name: _____

Referring Physician Phone Number: _____ Fax: _____

DX: _____

Insurance: _____ Ins. Auth & Exp Date: _____

Please fax referral form directly to the requested office.

**** PLEASE SEND PATIENT OFFICE NOTE & INSURANCE CARD AT TIME OF FAX REFERRAL ****
(Front and back of card)