CRESCENT MEDICAL CENTER LANCASTER

2700 W. Pleasant Run Rd.
Lancaster, Texas 75146
Phone: (888) 817-7143
Fax: (888) 776-1348
Clinic: (469) 297-5471

REFERRAL FORM

Please complete all sections of this form and FAX it to: (888)776-1348

Today's Date: _____ Appt Date & Time: _____ Coordinator / Follow Up Appt: _____

Patient Name: _____ Diagnosis Code / ICD-10: _____

DOB: _____ Female/Male: _____Home/Mobile # _____

Address_____

Referring Physician: _____ Phone # _____ Fax # _____

Atty Info/Ins Info: _____ / _____

REFERRAL TYPE *(select all that apply)*

☐ General Surgery	☐ Wound Care	☐ Hand Surgery
☐ Urology	☐ Weight Loss Care	☐ Other: _____
☐ Pain Management	☐ Spine Surgery	
☐ Neurology	☐ Orthopedics	
☐ G.I. / Colonoscopy	☐ Sleep Study	

Additional Comments or Notes:

_____

_____

_____

_____

Thank you for your referral. Please do not hesitate to call us with any questions or concerns.

Physician Signature: _____