

Macon
688 Walnut Street
Suite 200
Macon, GA 31201
T: 478-742-7566
F: 478-743-2804



Cardiothoracic Surgery

NavicentHealth

Warner Robins
516 S. Houston Lake Rd.
WR, GA 31088
T: 478-971-2611
F: 478-971-2612

Referral Form

Patient Name: _____ DOB: _____ SS#: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone#: _____ Cell/Alt Phone#: _____

Nursing Home Patient: Yes No Facility: _____ Contact: _____

Referring Physician: _____ Contact Person: _____

Phone #: _____ Fax#: _____

Diagnosis/Chief Complaint/History: _____

Physician Consult (Circle): Peter J. Bolan, M.D. Laura L. Reed, M.D. James L. Foster, M.D.
Fady S. Wanna, M.D. First Available **Macon Office** **WR Office**

Notes/Comments: _____

CT/CTA (specify: order, w/wo contrast : _____) Diagnosis: _____

Unlisted Vascular Lab Order: _____ Diagnosis: _____

Ordering Physician Signature: _____ Date: _____

Please fax the following information to 478-743-2804

A copy of the patients' insurance card (front and back); Demographic sheet
Any CT/PET/MR reports and films on a CD
Office notes and current History and Physical; Any Operative and Procedure reports
Current Problem List, Current Medication List

Thank you for allowing our practice to serve your patients needs! We will call the patient and schedule the appointment.
You can expect appointment confirmation via return fax.

Office use only: Date Received: _____ Appt Date & Time: _____ Location: _____

Additional information needed: _____