



A Service of Health Services Navicent Health

Paul S. Dale, M.D.

Board-Certified Surgeon

Referring Physician _____ NPI _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____
 PHONE _____ FAX _____ CONTACT PERSON _____

REFERRING PHYSICIAN _____ NPI _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____
 PHONE _____ FAX _____ CONTACT PERSON _____

REASON FOR REFERRAL: _____

PATIENT NAME _____

PHONE NUMBER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY# _____ DOB _____ AGE _____

INSURANCE _____ POLICY# _____

GROUP# _____ ADDRESS _____

PLEASE SUBMIT THE FOLLOWING MEDICAL RECORDS ALONG WITH THE REQUEST:

- | | |
|-----------------------------|-----------------------------------------|
| ____ Patient ID | ____ Labs |
| ____ Patient Insurance Card | ____ MRIs |
| ____ Office Notes | ____ CT/PET Scans |
| ____ Operative Reports | ____ Ultrasounds |
| ____ Pathology Reports | ____ Chemotherapy and Radiation Reports |

*Referring offices will be notified of an appointment after charts are reviewed.
 New patient packets will be mailed to the patient prior to appointment*