**Referral Note to MD**

Date:

I am referring my patient named \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to you. The patient’s phone number is \_\_\_\_\_\_\_\_\_\_.

The appointment:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Will be made by the patient.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Will be scheduled by my office.

Reason for referral \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Input needed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This referral is:

 Emergency

 Urgent (24-48 hours)

 Timely (1-2 weeks)

 When convenient

If there are any problems scheduling this appointment, please contact this office.