BETHANY MEDICAL CENTER

"Your Health is our Concern"

Outside Provider Referral form

Referral Coordinator: Amanda (336) 883-0029 ext. 2294

* 507 Lindsay Street High Point, NC 27262
* 3402 Battleground Avenue Greensboro, NC 27410
* 3801 West Market St. Greensboro, NC 27410
* 1580 Skeet Club Road High Point, NC 27265
* 160 Kimel Forest Drive Winston Salem, NC 27103
* 924 N Main St North Wilkesboro, NC 28659

Reason for Referral (Diagnosis Code): _____
(must complete for processing)

Date _____ Ordering Provider: _____

Office Contact: _____

Office Address: _____

Office Phone: _____ Office Fax: _____

Provider Referring To: _____

Patient Name (Last, First): _____

Patient Date of Birth (MM/DD/YYYY): _____/_____/_____

Patient Phone Number (Primary): _____ (Secondary): _____

Patient's Insurance: _____

Number of Visits Allowed: _____ Auth/Carolina Access/Referral #: _____

Preferred Exam Date: _____ Preferred Exam Time: _____ AM/PM

Please note that we **will not** be able to process referrals without the following:

- Referral notes, labs imaging pertaining to this referral
- Copy of insurance card
- Demographic sheet

Please fax referral information to (336) 875-7000

For Bethany Medical Use Only

Appt With: _____ Location: _____

Appt Date: _____ Time: _____

Completed By: _____