

# Barrett's Esophagus Center of Excellence

## PROVIDER REFERRAL FORM

Phone: (865) 331-1433

Fax: (865) 331-1585

- Please **fax** the completed form with any pertinent medical records to **(865) 331-1585**

### Patient Information

|                            |                 |                         |                                      |       |                    |
|----------------------------|-----------------|-------------------------|--------------------------------------|-------|--------------------|
| Name (First, Middle, Last) |                 | Birth Date (mm-dd-yyyy) | Sex (circle one)<br>Male      Female |       | Preferred Language |
| Address                    |                 | City                    |                                      | State | Zip                |
| Home Phone                 | Cell Phone      |                         | Work Phone                           |       | Patient email      |
| Insurance Name/Plan        | Subscriber Name |                         | Subscriber DOB                       | ID #  | Group #            |

### Appointment Request

|                                |           |
|--------------------------------|-----------|
| Reason for Referral (Symptoms) |           |
| Requested Provider/Specialty   | Diagnosis |

### Referring Provider Information

|               |                         |                  |                                  |       |  |
|---------------|-------------------------|------------------|----------------------------------|-------|--|
| Date<br>/ /   | Referring Provider Name |                  | Primary Care Provider (optional) |       |  |
| Practice Name |                         | Practice Address |                                  |       |  |
| Contact Name  | Phone Number            |                  | Fax Number                       | Email |  |

**You will receive confirmation once the appointment is scheduled.** Thank you for referring your patient to Barrett's Esophagus Center of Excellence.