

## **Ambulatory Services Referral Form**

Allergy Arthritis Barrett Center Burn Cardiology Dermatology  
Diabetes Endocrinology Internal Medicine (Faculty, Adult, Resident &  
Pediatrics) Gastroenterology Heart Failure Infectious Diseases Liver  
Neurology Neurosurgery Ophthalmology Orthopaedics Pain Physical  
Medicine Plastic Surgery Podiatry Pulmonary Renal Sickle Cell  
General Surgery Trauma Surgery Urology Women's Health (please use fax  
number 584-1111 for Women's Health)

**To refer a patient to one of the clinics above (except Women's Health), please  
complete and fax this form to the number listed below.**

Date: \_\_\_\_\_

Refer To: \_\_\_\_\_ Fax: \_\_ (513) 584-2599 \_\_\_\_\_

From: \_\_\_\_\_ Phone: \_\_\_\_\_

Total Pages (including cover): \_\_\_\_\_

### **Patient Contact Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number/s: \_\_\_\_\_

Insurance Provider's Name (if applicable): \_\_\_\_\_

### **Patient Condition**

Please include all appropriate labs, test studies, office notes or any other pertinent information that can help to assist with the care for the patient you have referred. See the attached checklist on the following pages or the University of Cincinnati Medical Center website for details of what to include based upon the type of referral made.