



REFERRAL FOR SERVICES

Today's Date: _____

Patient Name: _____

Date of Birth: _____

Patient Social Security: _____

Patient Preferred phone: _____

Patient Email: _____

Alternate phone: _____

Referring provider: _____

EPIC EHR?: St. Francis Community

Office phone number: _____

Office fax: _____

Reason for referral: _____

Appointment request: < 1 week < 1 month 1st Available Other _____

Indianapolis Office: Bryan Perkins Jonathan Lupton James Dunlop Jessica Bell
 Cherrell Triplett Leslie Foxlow Tienne Randolph 1st Available

Mooresville Office: Brittany Johnson Michael Boothe Virginia Takagi 1st Available

Notes: _____

Information needed before an appointment is scheduled:

- This cover sheet
- Most relevant office notes
- Recent Lab/ Pap Results / Biopsy Results / Ultrasound results that are relevant to the referral
- Patient demographic information including SSN and DOB
- Copy of Insurance Card(s)
- Is an interpreter needed?

Yes or No

If yes, what language: _____

Fax all information listed above to scheduling at 317.885.3850 or scan and email to referral@southsideobgyn.com
Once all information has been received, your patient will be contacted within 48 hours.