



Gastroenterology  
Phone: 910-341-3343

1202 Medical Center Drive  
Wilmington, NC 28401

9101 Ocean Hwy E  
Leland, NC 28451

Allen Andrews, MD  
Matthew Mlot, MD  
Carla Shores, PA

**FAX REFERRAL FORM WITH RECORDS TO: 910-341-1900**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

SS #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone#: (H) \_\_\_\_\_ (Work/Cell) \_\_\_\_\_

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

Referring MD: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

Patient's PCP: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Co: Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_

Authorization Required: Yes No Authorization #: \_\_\_\_\_

ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ Employers Name: \_\_\_\_\_

REASON FOR REFERRAL: \_\_\_\_\_

**REQUIRED: Copy of insurance cards, office notes, X-Ray, MRI, or CT scan reports.**

**\*\*\*\*PATIENT MUST BRING ALL XRAY, CT OR MRI FILMS TO APPOINTMENT\*\*\*\***

**\*\*\*\*TRICARE PRIME PATIENTS' AUTHORIZATIONS NEED TO BE FAXED WITH THIS REFERRAL\*\*\*\***

**PLEASE ALLOW TWO TO THREE BUSINESS DAYS FOR RECORDS TO BE PROCESSED BEFORE THE APPOINTMENT CAN BE MADE.**

ANY QUESTIONS CONTACT 910-341-3343

THANK YOU FOR ALLOWING WILMINGTON HEALTH TO SERVE YOUR HEALTHCARE NEEDS