



Allergy/Immunology Division
1222 Medical Center Drive
Wilmington, NC 28401
Phone: 910-796-7545

Fax: 910-341-1900

Jeffery Culp, MD

PATIENT REFERRAL FORM

****REFERRAL FORM MUST BE FILLED OUT COMPLETELY AND FAXED TO 910-341-1900 BEFORE ANY APPOINTMENT CAN BE MADE****

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 #: _____ Contact # _____

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 MEDICATION LIST ALONG WITH ALL XRAY, CT OR MRI FILMS TO THEIR APPOINTMENT******

PLEASE INSTRUCT PATIENTS TO ARRIVE 30 MINUTES PRIOR TO THEIR APPOINTMENT TIME.
IF PATIENTS ARE LATE THEY MAY BE ASKED TO RESCHEDULE.

Any questions please call 910-796-7545. Thank you for allowing Wilmington Health to serve your healthcare needs.