



Neurology Division
2421 Silver Stream Lane
Wilmington, NC 28401
Phone: 910-341-3383 Fax: 910-341-1900

Dr. John Ardeljan Rachel Rice, PA-C

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: _____

Transfer of Care for this problem: _____

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

*****PATIENT MUST BRING MEDICATION LIST ALONG WITH ANY RECORDS OR IMAGING 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 910-341-3383. Thank you for allowing Wilmington Health to serve your healthcare needs.