Physician Request Form

Main Campus - 1560 Turf Lane
East Lansing, MI 48823
South Campus – 1100 S. Cedar Street
Mason, MI 48854
Phone 517-484-3000
Fax 517-492-0386

Thank you for the referral of your patient!

☐ **ASAP REFERRAL – Patient will be scheduled with first available provider in 1 week.**

Today's Date: _____

Patient Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Work #: _____ Cell #: _____

Insurance (PLEASE SEND A COPY OF CARDS): _____
If an authorization is required, please include that with the request form

Referring Physician: _____ Contact Person: _____
Address: _____ City: _____ State: ____ Zip: _____
Private Line: _____ Fax: _____

Meaningful Use Stage 2 - Core Measure 15
The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 10 percent of such transitions and referrals either (a) electronically transmitted using CEHRT to a recipient or (b) where the recipient receives the summary of care record via exchange facilitated by an organization that is a NwHIN Exchange participant or in a manner that is consistent with the governance mechanism ONC establishes for the NwHIN.

Our office would like to send you a summary of care through direct messaging, please provide the listed referring physician above direct message address: _____

Referring Diagnosis (PLEASE BE SPECIFIC):

PLEASE INCLUDE PERTINENT RECORDS, SUCH AS:
- Labs
- Ultrasound reports
- Office notes

LOCATION: ☐ **East Lansing – Main Campus** **Mason – South Campus**

Physician or Nurse Practitioner Preference:

Obstetrics/Gynecology
- ☐ Erica Leigh Behring, M.D.
- ☐ Sara Cramton, MD
- ☐ Stephanie Fleming, MD
- ☐ Melissa Halvorson, MD
- ☐ Kevin London, MD
- ☐ Renee Stevens, DO
- ☐ Elizabeth Thomas, MD
- ☐ LaKeeya Tucker, DO

- ☐ Abby Brown, CNM, NP
- ☐ Nicole Jamieson, RN, NP
- ☐ Laura Kelly, RN, NP
- ☐ Lauren Rink, CNM
- ☐ Sameerah Shareef, CNM
- ☐ Diane Strachan, RN, NP
- ☐ Stacey Tanay, RN, NP
- ☐ Jennifer Thomas, RN, NP
- ☐ Angela Vargas, CNM
- ☐ No Preference

Urogynecology
- ☐ Todd Moyerbrailean, DO

Gynecology
- ☐ Maude Guerin, MD
- ☐ Sharon Kelley, MD

Please Note: Your patient will receive a packet of information that must be filled out and brought to the appointment. Thank you for the referral. Please call our office if you have any questions.

PLEASE MAKE COPIES OF THIS FORM FOR FUTURE USE

Revised 1.29.18 amc