



# 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
- Sharon Kelley, MD
- Kevin London, MD
- Renee Stevens, DO
- Elizabeth Thomas, MD
- LaKeya Tucker, DO

#### Urogynecology

- Abby Brown, CNM, NP
- M. Elizabeth Cross, CNM
- Nicole Jamieson, RN, NP
- Laura Kelly, RN, NP
- Susan Mackenzie, CNM, NP
- Sameerah Shareef, CNM
- Diane Strachan RN, NP
- Stacey Tanay, RN, NP
- Jennifer Thomas, RN, NP
- No Preference

#### Gynecology

- Todd Moyerbrailean, DO
- Maude Guerin, 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**