FLANNAGAN PLASTIC SURGERY

Newburgh Office: Phone: 812-477-6600 Fax: 812-477-6601
Jasper Office: Phone: 812-634-6600 Fax: 812-634-6621

REFERRAL FORM

⚠️ **INCOMPLETE REFERRAL FORMS WILL NOT BE PROCESSED**

PATIENT DEMOGRAPHICS

Patient Name: _____

Date of Birth (DOB): _____

Social Security Number (SSN): _____

Street Address: _____

City, State, Zip: _____

Patient Phone: _____

PRIMARY INSURANCE

Carrier: _____

Policy Holder: _____

Group: _____

ID: _____

SECONDARY INSURANCE

Carrier: _____

Policy Holder: _____

Group: _____

ID: _____

CLINICAL INFORMATION

Referring Physician Name: _____

Diagnosis: _____

REQUIRED ATTACHMENTS CHECKLIST

- ☐ Office visit notes
- ☐ Reason for the referral
- ☐ Patient demographics sheet
- ☐ Copy of Insurance cards (Front & Back)

SUBMISSION & PATIENT INSTRUCTIONS

Fax this form and any pertinent information to the appropriate location:

• **Newburgh Office Fax:** 812-477-6601

• **Jasper Office Fax:** 812-634-6621

Next Steps:

- Our office will make attempts to reach out to the patient directly.
- Please advise the patient that they can call our office after one week to get status of appointment.