

## Refer a Patient

- IF THIS IS A CARDIAC, ONCOLOGY or URGENT Request DO NOT FAX, please call 855.REFER.123 (855.733.3712)
- Please fax the completed form to 216.448.9738, Attention: Referring Physician Hotline
- Please <u>DO NOT</u> send medical records. If medical records are needed we will request them

<u>Questions?</u> Contact the Referring Physicians Hotline, 24 hours a day, 7 days a week, at 855.REFER.123 (855.733.3712). You will receive confirmation once the appointment is scheduled. Thank you for referring to the Cleveland Clinic.

## Appointment Request Requested Provider / Specialty: Reason for referral (DX or symptoms): Patient Information (Please Print) Patient Name: Birth Date: CCF# Home Phone: Mobile: Gender Address: City: State: Insurance Name/Plan: Group#: Effective Date: Sub DOB: Referring Physician Information Referring Physician's Name (Last, First): Contact Name: Office Address: Phone #: Fax #: NPI #: