



## Patient Referral Form

### Three ways to submit a referral to Meriter Medical Group or Meriter Hospital:

(FORM IS INTENDED FOR PROVIDERS WHO ARE OUTSIDE OF MERITERCARE (EPIC) SYSTEM)

**1. Online:** Visit [meriter.com/refer](http://meriter.com/refer) to submit a referral. Then complete the referral form below and fax it along with a facesheet, physician notes, lab and medical imaging results that are pertinent to this referral, to Meriter's secured fax line at 608-417-7077.

**2. Fax:** Complete the referral form below and fax it along with a facesheet, physician notes, lab and medical imaging results that are pertinent to this referral, to Meriter's secured fax line at 608-417-7077.

**3. Call:** Call our Central Scheduling Department at 608-417-7000 to submit a referral. Then complete the referral form below and fax it along with a facesheet, physician notes, lab and medical imaging results that are pertinent to this referral, to Meriter's secured fax line at 608-417-7077.

*\*Required information. All other items can be left blank if a patient facesheet is faxed along with this referral form.*

DATE: \_\_\_\_\_

#### Patient Information

Patient Name: \* \_\_\_\_\_ Gender: Male / Female (circle one)  
(First) (Last)

Date of Birth: \* \_\_\_\_\_ Primary Care Provider: \_\_\_\_\_

Name of Insurance: \_\_\_\_\_ Interpreter Needed? Yes / No Language: \_\_\_\_\_

If patient is under the age of 18, contact name: \_\_\_\_\_ Parent/Representative/Guardian (circle one)

Phone no. of patient or representative: \* Daytime \_\_\_\_\_ Evening \_\_\_\_\_

#### APPOINTMENT REQUEST

Specialty or Provider Referring to:

Specialty: \_\_\_\_\_ Provider Name (if known): \_\_\_\_\_  
(see list on back for Meriter's Specialty Services)

Reason for Referral: \_\_\_\_\_

Routine (next avail. appt)     Elective (w/in 2 wks)     Urgent (w/in 1 week)     Emergent (w/in 1 day)

Other Notes/Comments: \_\_\_\_\_

#### REFERRING PROVIDER INFORMATION

Provider Name: \* \_\_\_\_\_ Phone: \* \_\_\_\_\_

Clinic Name: \_\_\_\_\_ Fax: \_\_\_\_\_

Referring Provider Signature\* \_\_\_\_\_

**FAX FORM & RELATED DOCUMENTS TO 608-417-7077 OR TOLLFREE TO 866-953-4681.**

*For additional copies of this form, please visit [meriter.com/refer](http://meriter.com/refer).*



The Meriter Medical Group is Meriter's growing multispecialty health care team, which focuses on improving patient access and providing the best care possible. Meriter Medical Group seeks to be the destination of choice for patients, staff and physicians throughout Dane County and southern Wisconsin.

**Current specialty services of the Meriter Medical Group include:**

- Addiction Medicine
- Allergy
- Cardiovascular Medicine
- Dermatology
- Diabetes Management & Endocrinology
- Gastroenterology
- General Surgery
- Hospital Dentistry
- Hospital Medicine (adult & pediatric)
- Medical Psychology
- Nutrition
- OB/GYN
- Orthopedics
- Psychiatry (adult & pediatric)
- Rehabilitation Medicine

For information regarding our physicians, please visit [meriter.com/doctors](http://meriter.com/doctors).