

Physician-to-Physician Patient Referral Sheet

Referral Date

Patient Name

Date of Birth

Patient ID / MRN

Referring Physician

Contact Number

Fax / Email

Receiving Physician

Contact Number

Fax / Email

Reason for Referral

Pertinent Medical History / Notes

Current Medications (if any)

Pertinent Findings / Labs / Imaging

Urgency / Additional Comments

Referring Physician Signature

Date

Receiving Physician Notes

