

Dr. Sachin Kunde, MD, MPH 2301 Rexwoods Dr, Ste 100, Raleigh, NC 27607 **Phone**: 919 261 3232, **Fax** 919 502 4122

## Referral Form

FAX to: (919) 502 4122

or send via email: <a href="mailto:appointments@wakepediatricgi.com">appointments@wakepediatricgi.com</a> or use Proficient Health Exchange / Infina Connect

o Name:     o DOB:     o Age:     o Gender:     o Address:     o Best contact phone numbers:     o Best contact phone numbers:  B. Insurance Information: (copy and fax both sides of the card)     o Insurance provider:     o Policy holder's name:     o Policy holder's DOB:     o Policy number:     o Group number:     o Expiration date:     o Medicaid referral authorization number (if applicable):  C. Referral information:     o Consultant requested: Dr. Sachin Kunde, MD, MPH     o Reason for referral:  D. Referring provider information:     o Name of the provider:     o Name of the provider:     o Name of the practice:     o Office phone:     o Office fax:	A. Patient information	
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		o Office fax:
o Best contact person (referral coordinator):		o Best contact person (referral coordinator):

## D. Fax following information along with this form:

- o Copy of insurance card both sides
- o Clinical records: office visit, investigations (labs and radiology), and growth chart.