WAKE PEDIATRIC GASTROENTEROLOGY
Because Children Deserve the Best

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Phone: 919 261 3232, **Fax** 919 502 4122

Fax referral to **(919) 502 4122**

[or send via **Infina Connect**]

Request for referral:

A. Patient information

- o Name: _____
- o DOB: _____
- o Age: _____
- o Gender: _____
- o Address: _____
- 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: Sachin Kunde, MD, Wake Pediatric Gastroenterology
- o Reason for referral: _____

_____

_____

_____

D. Referring provider information:

- o Name of the provider: _____
- o Name of the practice: _____
- o Office phone: _____
- o Office fax: _____
- 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.