

Bruce G. Evans M.D

Referring Physician Appointment Form

Bruce G. Evans M.D.
1160 E. 3900 South Suite 5000
Salt Lake City, Utah 84124
Phone: (801) 262-8486
Fax: (801) 262-9752

Complete this form, fax it to our office, and we will contact your patient within 48 hours to schedule an appointment. If requested, we will notify you that we have contacted the patient and scheduled the appointment.

Fax Form To: (801) 262-9752

Section I: Referring Physician Information

Today's Date _____

Referring Practice Name: _____

Referring Physician Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone (_____) _____

Section II: Patient Information

Patient Name: _____

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security Number: _____

Insurance: _____ Insurance ID#: _____

The best time to contact: A.M. P.M. Home Work Cell

Phone (_____) _____ Work Phone (_____) _____ Cell Phone (_____) _____

Section III: Referral Information

Physician Requested for appointment: _____

Consultation or Diagnosis: _____

Urgency: 1-2 days 1-2 Weeks within a month next available

Please describe problem:

Section III: Appointment Coordination

Please contact the patient to schedule the appointment

Please contact the patient to schedule the appointment and fax this form back to our office

Please contact our office with appointment information and we will confirm appointment with the patient

Internal Office Use

Appointment Date/Time: _____ Provider: _____ Staff Name: _____

PLEASE ATTACH ANY PERTINENT MEDICAL RECORDS WITH THIS FAX.