



Date: ____/____/____

Return Fax: (252) 215-1045

Referral Form

Reason for Referral (Chief complaint or DX): _____

Referred BY: _____

Office contact/Referral Coordinator: _____

Your office number: _____ Ext. _____

Fax: _____

Patient Name _____ DOB: _____ Gender: F / M

Patient SS# _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Patient's Address: _____

Please fax copy of Insurance ID Cards Front and back

Required documents for referral review

Please include:

- Related medical records or dictated summary
- Relevant lab tests and imaging results
- Copy of Insurance ID Cards Front and back
- Medications and Dosages tried and outcomes (if not specifically noted in medical records sent with referral)

Please Note

- Referrals will be reviewed by our physicians prior to scheduling. Please allow 7-14 business days.
- We will contact the patient to schedule and notify your office.
- Please contact new patient scheduling at (252) 642-6766 with any questions about this referral.

Appointment is scheduled with: _____ on _____ at _____ arrival time

James Bryan Cooper, M.D. * Amy Hopkins, N.P.

498 A Red Banks Road, Greenville, NC 27858

(252) 215-3067 Office (252) 215-1045 Fax