

Phone (828) 732-7249 Fax (828) 732-7231

3246 6 <sup>th</sup> Ave SE Hickory, NC 28602		
Date:	Dr. Jessica Urzen  Referring person (sending information)	
Dute.	Referring person (sending informati	
Referring Physician & Phone:		
Patient Name (First, MI, Last)		
Address:		
Phone:	Can we leave a message?	
Emergency Contact:	Relationship:	Phone:
Patient DOB:	SS#	Marital Status: S M D W
Insurance Name:	Insurance Phone:	
Insurance ID:	Policy #:	
Policy holder's employer:		
Secondary Insurance:	Insurance Phone:	
Insurance ID:	Policy #:	
***Please provide copies of Insurance cards front and back***		
Reason for Referral:		
If our provider has availability to perform a procedure on the patient on the same date of service would your practice		
object? (Circle one) YES/NO/Consult with out office prior to procedure		
This patient Does/has history of substance abuse problem. (Circle one) YES/NO		
If yes, please list substance(s):		
Has the patient had treatment? YES/ NO Is the patient currently in treatment? YES/NO		
Location of treatment?		
*** Please fax the patient's most recent office note with ALL imaging/Studies/Labs to 828-732-7231***		
Please list all current medications the patient is currently taking and the prescribing's name:		
·	, , , , , ,	