



Roane General Medical Clinic • General Surgery
 Hong-Kin NG, MD
 200 Hospital DR • Spencer WV 25276
 Phone: 304.927.6822 Fax: 304.927.6259

Date of Referral: _____

Types of Referrals: Stat _____ Urgent _____ Routine _____

Reason for consult: _____

(Please fax pertinent information, including office notes, imaging, recent labs, hospital records, and pathology reports.)

Patient Name: (Last, First, MI) _____

Gender:—M —F DOB: _____ Social Security #: _____

Address: _____

Home #: _____ Cell #: _____ Work #: _____

Insurance Information:

(We will need a copy of insurance card)

Insurance Co. Name: _____ Insurance ID: _____

Company Phone #: _____ Subscriber Name: _____ DOB: _____

Worker's Compensation: WV OH DOI: _____ Claim # _____

Case Manager: _____ Phone #: _____

Authorization #: _____ Dates: _____

Requesting Physician:	Contact Name:
Address:	Phone #:
	Fax #:

If patient is no longer able to keep scheduled appointment, we request 24-hour notification

Appointment Date: _____ Time: _____