



REFERRING PHYSICIAN'S INFORMATION SHEET

PATIENT NAME: _____ DOB: _____

PATIENT PHONE#: _____

ALTERNATE PHONE#: _____

REFERRING
PHYSICIAN: _____

PHYSICIAN PHONE# _____

DIAGNOSIS/REASON FOR CONSULT: _____

PRIMARY INS: _____

POLICY#: _____

SECONDARY INS: _____

POLICY#: _____

Premier Medical Group of the Hudson Valley, P.C.

Urology · Gastroenterology · Internal Medicine · Cardiology · Rheumatology · Dermatology · Pediatrics · Podiatry

Poughkeepsie | Fishkill | Kingston | Rhinebeck | Newburgh | New Windsor | Montgomery | Washingtonville

Web: www.premiermedicalhv.com