



St. Mary's Infectious Diseases  
 2828 First Avenue, Suite 504  
 Huntington, WV 25702  
 Phone: (304) 399-7213 Fax: (304) 399-7215

**REFERRAL FORM**

Thomas Rushton, MD

Sonal Bajaj, MD

**PATIENT INFORMATION**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Male  Female Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Insurance: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_

Referring Physician: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Please include all records pertaining to this referral, including the patient's labs, radiology results and office notes.

\*\*\*Please send copies of all insurance cards\*\*\*

**Appointment Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Time:** \_\_\_\_:\_\_\_\_ **AM/PM**

SMMC-ID - 16  
 Adopted for SMMC: 8/16  
 Rvsd: 9/16