



Darren Lackan, MD, PA, FACE, ECNU 🇺🇸 Anjanette Tan, MD, FACE, ECNU 🇺🇸 Sara Matani, MD

**Referral Form**

We appreciate your referrals. To ensure your patient is scheduled in a timely manner, please send this form along with all supporting medical records. We will contact the patient to schedule an appointment. Thank you.

**Date:** \_\_\_\_\_

**Patient Information: (Please attach demographic sheet)**

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

Contact number(s): \_\_\_\_\_

**Insurance Information: (Please send a copy of the insurance card)**

Insurance Name: \_\_\_\_\_ HMO PPO EPO POS

Secondary Insurance: \_\_\_\_\_ HMO PPO EPO POS

**Referral Information:**

Referring physician: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Referring to:** Dr. Lackan / Dr. Tan / Dr. Matani / Clinic first available

Please specify reason for referral: \_\_\_\_\_

Please send all documents that apply to your patient's diagnosis.

**Note: We will be unable to schedule without this information:**

Lab Reports

Radiology Reports (Thyroid Conditions)

Surgical Reports

Office Notes

Pathology Reports

**For Office Use Only:**

**Appointment Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Additional Notes:** \_\_\_\_\_

\_\_\_\_\_