

WakeMed Raleigh Campus Heart Center
3000 New Bern Avenue, Suite 1100
Raleigh, NC 27610
Office phone: 919-231-6333
Fax: 919-231-6334

PROVIDERS:

(Please check if referring to a specific provider.)

- ☐ Bryon James Boulton, MD
☐ Robert Ferguson, MD
☐ Charles Harr, MD
☐ Alden Maier, MD
☐ Trevor Upham, MD
☐ Judson Williams, MD
☐ 1st available

Cary Medical Park
210 Ashville Avenue, Suite 210
Cary, NC 27518
Office phone: 919-231-6333
Fax: 919-231-6334

PROVIDERS:

(Please check if referring to a specific provider.)

- ☐ Bryon James Boulton, MD
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REQUEST FOR REFERRAL

PATIENT DEMOGRAPHIC INFORMATION

Date: _____

Patient Name: _____ Date of Birth: _____ Gender: ☐ M ☐ F Race: _____

Address: _____ City/State/Zip: _____

Phone *(Please circle preferred number)* Home: _____ Cell: _____ Work: _____

Email: _____

Does patient/family need an interpreter? ☐ No ☐ Yes If yes, please specify language _____

INSURANCE INFORMATION

Insurance Name: _____

Policyholder's Name (if other than patient): _____

Policyholder's Date of Birth (if other than patient): _____

Insurance Phone: _____ Policy Number: _____ Group Number: _____

Medicaid Authorization NPI: _____ Authorized Number of Visits: _____

REFERRAL INFORMATION

Reason for Referral: _____

Pertinent History: _____

Symptoms: _____

REFERRING PHYSICIAN INFORMATION

Name: _____

Practice Name (if applicable): _____

Address: _____

City/State/Zip: _____

Office Phone: _____ Fax: _____

Name of Person completing this form and phone number: _____

Please include with referral (all that are applicable)

- ☐ History/Office Notes
☐ Labs
☐ Imaging Studies (patient should bring films or CD)
☐ Other pertinent medical records

***Thank you for referring your patient to WakeMed Heart & Vascular - Cardiovascular & Thoracic Surgery.
Please FAX this completed form to 919-231-6334.***