
CSH HEALTHCARE GROUP REFERRAL FORM

James Lohan MD Colorectal & General Surgery 9 Courtney Dr. Charleston WV 25304 Office 304-925-3115 Fax 304-352-1182	Lisa Skinner MD Gynecologist (GYN) 9 Courtney Dr. Charleston WV 25304 Office 304-925-3115 Fax 304-352-1182	Michael Goins MD Otolaryngology (ENT) 1311 Virginia St East Suite 100 Charleston, WV 25301 Office 304-353-0210 Fax 304-352-1182	Jaime Gorby Au.D,CCC-A Melissa White M.S.,CCCC-A Audiology Services 1311 Virginia St East Suite 100 Charleston, WV 25301 Office 304-353-0210 Fax 304-352-1182
-------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Patient Referral To: _____ (specify which doctor please)

Patient First Name: _____ Last Name: _____

Patient Date of Birth _____ SS# _____

Patient Home Phone _____ Mobile Phone _____

Patient Address: _____

Patient Primary Insurance: _____ ID # _____

Patient Secondary Insurance: _____ ID# _____

Reason for Referral: _____

Referring Physicians Name: _____

Address: _____

Phone: _____ Fax: _____ NPI: _____

This referral should be faxed to 304-352-1182 with all of the following if available:

- Patient demographic information
- Patient insurance information (copy of cards if available)
- Patient reports/records such as patient history, labs, x-rays, CT, MRI, scans, pathology related to this referral

Please contact the office number listed above to provide the patient the date and time for this appointment

APPOINTMENT DATE: _____ TIME: _____