Specialty Service Referral

Cardiology

Sarah Bush Lincoln

The Heart Center
Sarah Bush Lincoln Health Center
1000 Health Center Dr., Entrance H • Mattoon, IL 61938
217-238-4960 • Fax 217-238-4951

SBL Bonutti Clinic
1303 West Evergreen Ave., Suite 201 • Effingham, IL 62401
217-238-4633 • Fax 217-347-2313

REFERRING PROVIDER

Name _____ Phone _____ Fax _____

Reason for Referral _____

_____ Date _____

PATIENT INFORMATION

Name _____ Date of Birth _____ Social Security Last 4# _____

Address _____ City _____ State/Zip _____

Phone _____ County _____

Insurance Carrier Primary _____ Secondary _____

If HMO/POS or United Healthcare insurance plan, referral authorization to be obtained by referring office. Authorization # _____

Work Related ❑ Yes ❑ No If yes, Employer _____ Contact _____

Work Comp Carrier _____ Contact _____

INFORMATION NEEDED
Please include all the information below.

- ❑ Provider Notes
- ❑ Procedure Reports
- ❑ Appropriate Laboratory Reports
- ❑ Appropriate Imaging Reports
- ❑ Medication and Allergy Lists

Please indicate specialty needed for referral.

_____

Preferred Provider

_____

Appointment Urgency

- ❑ First available
- ❑ Urgent

REFERRING RESPONSE

❑ Patient Scheduled

Provider _____ Date _____ Time _____

Comment _____

❑ Patient NOT Scheduled

Additional Information Required _____

Other Reason _____