Specialty Service Referral

Endocrinology

Sarah Bush Lincoln

SBL Effingham Clinic
SBL Evergreen Clinic • 1104 W. Evergreen Ave. • Effingham, IL 62401
217-234-7000 • Fax 217-234-2060

SBL Family Medical Center
200 Richmond Ave., Suite 3 • Mattoon, IL 61938
217-234-7000 • Fax 217-234-2060

SBL Tuscola Clinic
1100 Tuscola Blvd. • Tuscola, IL 61953
217-234-7000 • Fax 217-234-2060

SBL Fayette County Hospital
Physician Specialty Clinic
650 West Taylor St., 2nd floor • Vandalia, IL 62471
618-283-5531 • Fax 618-283-4933

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 _____