

# ELKHART CLINIC

303 S. Nappanee St. Elkhart, IN 46514  
 (574) 296-3200 www.elkhartclinic.com

## REFERRAL SERVICE

**FAX FORM** revised 8/25/11

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

**To:** ELKHART CLINIC **From:** \_\_\_\_\_

**Fax:** (574) 296-3981 **Fax:** \_\_\_\_\_

**Phone:** (574) 296-3979 **Phone:** \_\_\_\_\_

**ELKHART CLINIC USE ONLY  
 CONFIRMATION OF APPOINTMENT**

DOCTOR OR SERVICE \_\_\_\_\_  
 APPOINTMENT DATE \_\_\_\_\_  
 APPOINTMENT TIME \_\_\_\_\_  
 SCHEDULER INITIALS \_\_\_\_\_  
 PATIENT NOTIFIED \_\_\_\_\_ DATE \_\_\_\_\_  
 MR# \_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING PATIENT INFORMATION:**

**Name:** \_\_\_\_\_ **Birthdate** \_\_\_\_\_

**S.S. #** \_\_\_\_\_ **Parent Name (if minor):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone number between**  
 \_\_\_\_\_ **8 a.m.-5 p.m.** \_\_\_\_\_

**Insurance** \_\_\_\_\_ **WORK COMP OR AUTO ACCIDENT?** \_\_\_\_\_

**CONSULT AND TREAT** **AUTHORIZATION#** \_\_\_\_\_

**Schedule within:** 2-3 days 1-2 weeks 3-4 weeks 1<sup>st</sup> available

**Allergy**  
 Dr. Geoffrey Rogers

**Elkhart Cancer Specialists**  
 Dr. Ahsanul Haque  
 Dr. James Jin  
 Dr. Wm Pletcher  
 No Preference

**Endocrinology**  
 Dr. E. Larry Knight

**ENT**  
 Dr. Eric Johnson  
 Dr. Kathryn Press  
 No Preference  
 Audiology- Karen Zigon

**Gastroenterology**  
 Dr. Abuzafar Arif  
 Dr. John Karagiannis  
 Dr. Mamoon Raza  
 No Preference  
 TIF  
 Colonoscopy  
 UGI-Endoscopy  
 EUS  
(Endoscopy Ultrasound)  
 Capsule Endo  
(pill camera)

**Internal Medicine**  
 Dr. Pavan Ahuja  
 Dr. William Buckley  
 Dr. Minnie Enriquez  
 Dr. Kamran Siddiqui  
 Dr. Carolyn Hudson  
 Dr. Geoffrey Rogers  
 No Preference

**Neurology**  
 Dr. Thomas Vidic  
 Dr. Suying Wu  
 No Preference  
 EEG  
 NCS/EMG

**Nutrition Services**  
 Charlotte Weaver

**Pain Management**  
 Dr. Orlando Landrum

**Podiatry**  
 Dr. Larry Best

**Pulmonary**  
 Dr. Elias Kakish  
 Dr. Tarun Madappa  
 No Preference

**Rheumatology**  
 Dr. Bruce Lockwitz

**Surgery**  
 Dr. Eric Knapp  
 Dr. Kelly Puster  
 Dr. Laura Ragauskaitė  
 No Preference  
 Vascular Screening

**Urology**  
 Dr. Stephen Guss  
 Dr. Scott Rutchik  
 No Preference

**Radiology Services**  
 Dexa Scan  
 MRI  
 CT Scan  
 Ultrasound  
 Other:

**Name of Ordering Provider (PRINTED):** \_\_\_\_\_ **NPI#** \_\_\_\_\_

**Reason/Diagnosis for referral:** \_\_\_\_\_

**Signature of Ordering Provider** \_\_\_\_\_ **Date:** \_\_\_\_\_