INNOVATIONMD
P. Tennent Slack, MD
(470) 252-6710 | InnovationMD.com

Referral Form

PROVIDER:
Thank you for your referral to InnovationMD. So that we may provide the best possible care for your patient, please provide the following information via fax at 877-852-7990 *or via email at info@innovationMD.com:*

Patient Name: _____

Date of Birth: _____ Phone:_____

Primary complaint:_____

_____

_____

_____

❑ Last 3 office notes
❑ Last 3 procedure notes
❑ Relevant imaging studies
❑ Patient demographics

PLEASE ADVISE THE PATIENT TO CALL OUR OFFICE TO SCHEDULE AN APPOINTMENT TIME.