

UPHS Marquette Pediatrics Referral Request Form

1414 W. Fair Ave, Suite 226, Marquette MI 49855 Ph: 906-449-1240 Fax: 833-916-2234
Francis Darr, MD* Joshua Dykla, DO* Stephanie Nelson, DO*
Chasity Caperton, MD (Escanaba location only) Shannon Dennis, NP (Bell location only)
Jessica Ramlow, NP* G. Michael Nidiffer, MD

*Please note: these providers travel to the Bell location also.
Dr. Nidiffer travels to Newberry and sees patients at the Specialty Clinic which is a separate form.

Provider Requested _____

Referral Reason _____

Date of request ____/____/____ Referring Provider _____

Office Contact _____ Office Name _____

Office Phone _____ Office fax _____

Patient Name _____ Date of Birth ____/____/____

Parent's Names _____

Home Phone _____ Cell Phone _____

Patient Address _____

Insurance _____ Policy # _____

Policy Holder Name _____ Group # _____

Policy Holder DOB ____/____/____ Relationship to Patient _____

PLEASE FAX THIS REQUEST TO 833-916-2234

*** Please attach the last 3 office notes, lab results, imaging, etc., that pertains to referral reason***

