

UPHS MARQUETTE PEDIATRICS REFERRAL REQUEST FORM

1414 W. FAIR AVE STE. 226 MARQUETTE, MI 49855 PHONE: 906-449-1240 FAX: 906-449-1836 ALT. FAX 906-228-0169

FRANCIS DARR, MD

JOSHUA DYKLA, DO

SHANNON SCOTT, NP (BELL LOCATION ONLY)

GEORGE MICHAEL NIDIFFER, MD

JESSICA RAMLOW, NP

CHASITY CAPERTON, MD (ESCANABA ONLY)

STEPHANIE HUMPULA-MCMAHON, DO

TERI REEVS, NP

***NOTE* OUR PROVIDERS TRAVEL TO ESCANABA AND ISHPEMING. DR. NIDIFFER TRAVELS TO NEWBERRY AND SOMETIMES ESCANABA. HE ALSO SEES PATIENTS AT THE SPECIALTY CLINIC WHICH IS A SEPARATE CLINIC & FORM.**

PLEASE FAX THIS REQUEST TO 906-449-1836

PROVIDER REQUESTED: _____

REFERRAL REASON: _____

DATE OF REQUEST ____/____/____ REFERRING PROVIDER _____

OFFICE CONTACT _____ OFFICE PHONE _____

OFFICE FAX _____ CLINIC NAME _____

PATIENT NAME _____ DATE OF BIRTH ____/____/____

PARENT'S NAME(S) _____

HOME PHONE _____ CELL PHONE _____

PATIENT ADDRESS _____

INSURANCE _____ POLICY # _____

POLICY HOLDER NAME _____ GROUP # _____

POLICY HOLDER DOB ____/____/____ RELATIONSHIP TO PATIENT _____

******PLEASE ATTACH THE LAST 3 OFFICE NOTES, LAB RESULTS, IMAGING, ETC. RELATED TO REFERRAL REASON******

