

3156 State St.  
Medford, OR 97504



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CLINICAL REFERRAL STATUS

Attention:

Fax:

Today's Date:

Our office had referred \_\_\_\_\_ DOB: \_\_\_\_\_

To your office on \_\_\_\_\_ for \_\_\_\_\_

Please fill the below form and fax back to our office

\*\*\*SEND CHART NOTES IF PATIENT HAS BEEN SEEN\*\*\*

- PATIENT HAS BEEN SCHEDULED
  - SCHEDULED APPOINTMENT DATE/TIME: \_\_\_\_\_
- WE HAVE RECEIVED REFERRAL BUT NO ATTEMPT TO SCHEDULE HAS BEEN MADE
- WE HAVE ATTEMPTED TO SCHEDULE PATIENT WITH NO SUCCESS
- DENIED REFERRAL
  - REASON FOR DENIAL:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your assistance in caring for our patients and we appreciate you participating in reaching our patient care goals.

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