

3156 State St. Medford, OR
Phone: 541-773-9772
Fax: 541-773-1113



1296 S Shasta Ave. Eagle Point
3132 State St. Medford
Phone: 541-830-4325
Fax: 541-826-2620

CLINICAL REFERRAL ACKNOWLEDGEMENT

Thank you so much for referring your patient to us!

Attention: _____ Fax: _____

Today's Date: _____

Patient _____ DOB: _____

- PATIENT HAS BEEN SCHEDULED
 - SCHEDULED APPOINTMENT DATE/TIME: _____
- 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.

IMPORTANT: This facsimile transmission contains confidential information, some or all of which may be protected health information as defined by the federal Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender by telephone (number listed above) to arrange the return or destruction of the information and all copies.