Northern Light Eastern Maine Medical Center
Pediatric Specialty Care – State Street
417 State Street
Webber East, Suite 305
Bangor, ME 04401

Fax 207.973.9003
Pre-Registration 207.973.8900

REFERRAL FORM

Patient Name: ____ Date: ____________

Patient EMMC MR# (if known): ___________ DOB: __________ Age: _____Sex: ____

Parent / Guardian: ____

Mailing Address: ____

Home Phone #: __________________ Cell#: _______________ Alt #: ____________

Reason for Referral (Required): ____

This Referral is for the following Clinic:

- ○ Northern Light Pediatric Gastroenterology Phone: 207-973-7107 Fax: 207-973-9003
- ○ Northern Light Pediatric Infectious Disease Phone: 207-973-4051 Fax: 207-973-9003
- ○ Northern Light Pediatric Surgery Phone: 207-973-8853 Fax: 207-973-9003

PLEASE SEND Pertinent Information Including: All Related Office Notes, Growth Charts, Lab Reports, Radiology Reports, Pathology Reports, Immunization Records, Medication List, and Insurance Information.

INSURANCE / REFERRAL INFORMATION

Referral Source / Agency Name: ____

Contact Person: __________________ Phone #: ______________Fax #: __________

PCP Name: _____________________ Phone #: ______________Fax #: ___________

Patient Insurance: _______________ Policy #: ______________Group #: __________

Subscriber Name: __________________ DOB: __________ Employer: ______________

Referral # (if HMO & needed): ______________ Number of Visits Authorized: _______

Referred To: ____________________ From Date: ___________To Date: ____________

Thank you for your consultation request.