



REFERRAL REQUEST

BLACK CREEK MEDICAL CONSULTANTS

149 East Carolina Ave

Hartsville, SC 29550-4782

Phone 843/383-5312 ▪ Fax 843/383-4516

www.blackcreekmedicalconsultants.com

*If you have pre-printed demographics and insurance information, fax those instead of completing fields below.
Please also send the most recent office note with any pertinent lab/imaging reports and medical records.*

Fax to: 843/383-4516

PATIENT INFORMATION

Name _____ DOB ____/____/____
(first, middle, last)

Address _____

City _____ State _____ ZIP _____

Parent/Guardian _____

Patient's Day Phone () _____ Mobile Phone () _____

Email Address _____

PRIMARY INSURANCE (or attach insurance card) _____

Policy Holder's Name _____

Policy # _____

SECONDARY INSURANCE (or attach insurance card) _____

Policy Holder's Name _____

Policy # _____

REFERRING PHYSICIAN INFORMATION

Name _____ Referring Provider's NPI _____

Address _____ Phone () _____

City _____ State _____ ZIP _____ Fax () _____

Name of Contact Person _____

REASON FOR REFERRAL _____

