

UNC Hospitals OB/Gyn Clinic
1st Floor Women's Hospital
101 Manning Drive
Chapel Hill, NC 27514



THIS REFERRAL MUST BE **FULLY COMPLETED** AND ACCOMPANIED BY THE FOLLOWING IN ORDER TO BE SCHEDULE:

- (1) **DEMOGRAPHIC INFORMATION**
- (2) **LEGIBLE COPY OF INSURANCE CARD FRONT/BACK**
- (3) **PERTINENT MEDICAL RECORDS (i.e. all lab & radiology reports; blood type; AB screen)**

REFERRAL FORM

Patient Name: (Last, First, MI) _____
Date of Birth: _____ Age: _____ Medical Record Number: _____
Patient Phone#: _____ Preferred Language: _____ Interpreter: Yes No
Number of Fetuses _____ LMP/EDD _____ Requested timeframe for appointment: _____

IF URGENT, EMERGENT, OR SAME DAY APPOINTMENT NEEDED PLEASE CALL OFFICE AT (984) 974-2131 TO SPEAK TO A MEMBER OF OUR TEAM.

REASON FOR REFERRAL: _____

One Time Consult _____ Transfer of care _____

DIAGNOSIS CODE/CPT CODE* _____ (*Required to process referral)

Is this a preconception consultation request? Yes No

If yes, please include reason: _____

Referring Practice/Provider: _____

Phone: _____ Fax: _____

Appointment date/time: _____

Patient notified of scheduled appointment: _____

Thank you for referring your patient to UNC Hospitals OB/Gyn Clinic. We would like to take this opportunity to provide information regarding UNC CareLink. UNC CareLink is an online extension of UNC's new Epic electronic medical record that enables referring providers to easily access patient information and follow the progress of care delivered at UNC Health Care. You will have access to view medical records and services provided for patients referred by your practice. If you would like more information or have questions on how to enroll in UNC CareLink, please contact or Call the Carolina Consultation Center at (800) 862-6264.

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Fax # 984-974-9023 Phone # 984-974-2131