



 ST. MARY'S MEDICAL GROUP

**2470 Daniells Bridge Rd
Bldg 200, Suite 261
Athens, GA 30606
706-310-1859**

Referral / New Patient Inquiry

Patient Name _____ DOB _____

Address _____

Home # _____ Cell # _____

Referring Physician & NPI _____

Reason for Referral/Visit _____

Primary Insurance _____
(Please send copy of card if available)

ID # _____ Group # _____

Secondary Insurance _____

ID # _____ Group # _____

If HMO, POS, GBHC or any other plan requiring referral please include referral number when faxing other requested items.

Thank you for your referral. Please complete the following and return along with records via fax to 706-310-9902.

- **Current Office Note**
- **Most Recent Lab Work**
- **CT/MRI results**
- **Results of any prior EMGs**
- **Carotid Ultrasound results**
- **EEG reports**