



GENERAL OUTPATIENT REFERRAL REQUEST FORM

Fax Completed Form to (404) 489-7375

REFERRING FACILITY INFORMATION:

Referring Facility Name:

Address:

Phone:

Referring Provider Name:

Referring Provider Signature:

NPI:

PATIENT INFORMATION:

Gender: Male Female

Name:

DOB:

Address:

Phone:

Work:

Guarantor Name:

Guarantor DOB:

Guarantor Same as Subscriber? Yes No

Guarantor Relationship:

INSURANCE INFORMATION:

Insurance Plan Name:

Medical Group#:

Insurance Phone:

Insurance ID#:

Subscriber:

Subscriber Relationship:

REFER TO INFORMATION:

Facility Name: **GRADY HEALTH SYSTEM**

Specialty Clinic: **GRADY CANCER CENTER**

Diagnosis/ICD9/ICD 10:

Reason for Referral:

PLEASE NOTE: All outside referrals for the Grady Cancer Center should be faxed to (404) 489-7375. All referrals should be signed by referring medical provider. Grady accepts referrals signed by LICENSED NURSE PRACTITIONERS AND OUT OF STATE MEDICAL PROVIDERS. Referrals will be processed in 3-5 business days. To check on the status of a referral, please call (404) 489-9000, option 4. Our referral line is staffed Monday through Friday, 8 a.m. to 5 p.m.