

Augusta Health Care for Women Referral Form

39 Beam Lane, Fishersville, Virginia 22939

Phone #: 540-213-7750

Fax #:540-213-7753

Referring Physician Practice: Patient records must be attached, please send at minimum (as applicable):

- Record from last office visit
- Lab & Pathology results
- Demographics Print out (ins, etc) or list below
- Imaging/Test results
- Operative Notes

Patient Information:

Patient Name: _____ DOB: ___ / ___ / ___

Home Phone: _____ Alternate Phone: _____

Address: _____ City: _____ Zip: _____

Preferred Physician:

- Ami M. Keatts, MD
- Molly J. McQuigg, MD
- Dane M. Larsen, MD
- Lauren N. Becker, DO
- First Available

OR Preferred WHNP/CNM:

- Karen Martin, WHNP
- Kari Somers, CNM, WHNP
- Elizabeth Cox, CNM
- Catherine Quick, CNM
- Leah McCown, CNM
- First Available

Urgency of Appointment:

- Emergent (3-5 days)
- Urgent (7-10 days)
- Chronic (2-6 weeks)
- as deemed appropriate
- Other _____

Patient's Diagnosis: _____

Patient's Symptoms: _____

Insurance Information: (policy holder information) PLEASE FAX A COPY OF THE INSURANCE CARD

Name: _____ DOB: ___ / ___ / ___ SS#: _____

Relationship to Patient _____

Name of Primary Insurance Carrier & Address _____

Name of Secondary Insurance Carrier & Address _____