

REX Cardiac Surgical Specialists

Referral Request

Appointment: _____ arriving at _____ a.m./p.m.

Referring physician: _____ with _____
Staff making appt: _____ Call back # _____
Appointment needed: Immediately/Urgent Next Available
Dx/Reason for visit: _____ Diagnostics outside of Rex: _____ (Tests/Location) _____
Primary Care physician: _____

Physician-First Available

Curtis Anderson, M.D. Lance Landvater, M.D. Robert Peyton, M.D.
 Alan Kypson, M.D. Clifton Reade, M.D.

Patient Name: _____ Date of Birth: _____

Rex MRN: _____ Best Contact #: _____
Address: _____
City: _____ ST: _____ Zip: _____

Please fax a copy of insurance card or provide the following if patient does not have a Rex MRN: Insurance

Primary: _____ ID #: _____ Group#: _____
Secondary: _____ ID#: _____ Group#: _____
Carolina Access#: _____ NPI#: _____ Group#: _____



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