

UNC/Rex Heart Valve Center

Referral Request

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

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



UNC/Rex Heart Valve Center

Rex Medical Office Building
2800 Blue Ridge Road, Suite 403
Raleigh, NC 27607
Phone (919) 784-1321 Fax (919) 784-7111