Sachin Kunde, MD, MPH



Ph: (919) 261 3232, Fax: (919) 502 4122 www.RMGPediatricGl.com

Referral Form

FAX to: (919) 502 4122

Or use: Proficient Health (PH) Exchange, Infina Connect

Urgent Referrals / Physician Line: Text 919-446-3274 or use PH Connect

o Name:	A. Pat	tient information
o DOB:		o Name:
o Age: o Gender: o Address: o Best contact phone numbers: B. Insurance Information: (copy and fax both sides of the card) o Insurance provider: o Policy holder's name: o Policy holder's DOB: o Policy number: o Group number: o Expiration date: o Medicaid referral authorization number (if applicable): C. Referral information: o Consultant requested: Dr. Sachin Kunde, MD, MPH o Reason for referral: D. Referring provider information: o Name of the provider: o Name of the proxider: o Office phone: o Office phone: o Office fax:		o DOB:
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o Office fax:o Best contact person (referral coordinator):		o Office phone:
o Best contact person (referral coordinator):		o Office fax:
		o Best contact person (referral coordinator):

D. Fax the following information along with this form:

- o Copy of insurance card both sides
- o Clinical records: office visits, investigations (labs and radiology), and growth charts.