ID CARE®
Infectious Diseases Specialty Practice
1319 Avon Street
Fayetteville NC 28304
P 910.729.6552
F 910.500.1002

ID Care® Referral Request Form

Referring To

Specialty: Infectious Diseases	Phone: 910.729.6552	Fax: 910.500.1002

Practice Address: 1319 Avon Street Fayetteville NC 28304

Please Schedule :

Urgent : ______________________________

Routine Appointment with : Vipul Savaliya, MD

First Available with any Physician : ______________________________

Referring Provider's Name:	Phone:	Fax:

Reason For Referral

Reason For Referral

Patient Information

Patient Full Legal Name:	DOB

If patient is under 18 years old – Parent Contact Name:

Preferred Phone:	Best time to call:

Special Patient Considerations:

Patient Insurance Information:

Patient's Primary Care Provider:	Phone:	Fax:

General Information

Clinical Question:

Comments/Considerations Related to Clinical Question: **Please include recent Office notes, labs, pertinent imaging reports, medication list, problem list, allergies, and relevant clinical information.**

Patient aware of reason for referral? Yes No: Explain

Provider Referral Confirmation

Referral Confirmation

Referral Accepted? Yes No: Explain

Appointment Scheduled with:	Date & Time:

Patient refused scheduling   Patient prefers to contact specialist to schedule at a later date

Request for additional supporting clinical information (please detail):

Person completing confirmation:	Date of Confirmation: