

# Onslow Ambulatory Services Referral Form

Select Specialty Office Below:



P: (910) 577 – 2334

F: (910) 577 – 2363



P: (910) 219 – 3377

F: (910) 219 – 4227



P: (910) 577 – 4968

F: (910) 577 – 2916



P: (910) 353 – 7848

F: (910) 353 – 5052

### ALL REFERRALS MUST INCLUDE:

- Patient Demographics
- ALL or MOST RECENT treatment note relevant to referred diagnosis
- ALL or MOST RECENT labs relevant to referred diagnosis
- CARDIAC HISTORY OR CONDITION: please provide current cardiologist contact information, cardiac status and most recent EKG
- ALL or MOST RECENT imaging - including reports - relevant to referred diagnosis

**IMAGE SHARING | PowerShare: Please share images with Onslow Memorial Hospital | Mail: 255 Memorial Drive, Jacksonville, NC 28546  
 Fax: Direct fax numbers shown above | Email: oasreferrals@onslow.org (Please reference specialty office in email)**

Date of Referral:

Referring Physician:

Referring Physician NPI:

Referring Physician Phone:

Fax:

Patient Name:

DOB:

Home Phone:

Alternate Phone:

Primary Care Physician:

REFERRAL REASON/DIAGNOSIS:	ICD-10:
AUTHORIZATION NUMBER IF REQUIRED (TRICARE OR VA):	NUMBER OF VISITS:

**Please Schedule** (select all that apply):

- URGENT** - Referring physician spoke with
- Routine Appointment with physician listed:
- First available with any physician

### INSURANCE POLICY HOLDER INFORMATION PLEASE INCLUDE COPY OF INSURANCE CARD

FIRST NAME:	LAST NAME:	DOB:	
POLICY HOLDER'S RELATIONSHIP TO PATIENT: SELF    SPOUSE    PARENT    CHILD    OTHER	SEX:	PRIMARY PHONE:	
PRIMARY INSURANCE CARRIER:	POLICY #:	GROUP#:	EFFECTIVE DATE:
SECONDARY INSURANCE CARRIER:	POLICY #:	GROUP#:	EFFECTIVE DATE:

**Items below include all relevant notes/results for diagnoses. Pertinent information must accompany this referral for the patient to be scheduled. If these items are not readily available, please identify reason and routing information for the records to be requested.**

**REASON FOR MISSING RECORDS:**

**RECORD LOCATION:**

**PULMONOLOGY REFERRAL: *Please include imaging reports for all abnormal images***

Any CT scans & Discs related to disease process	EKG	All lung pathology
Any CXR	CBC w/Diff	
Any Echo or Cardiac Notes	Sleep Study	

**ENT REFERRAL: *Please include any applicable imaging or diagnostic reports***

Onslow ENT is currently not accepting referrals for **NEW** adult hearing aid patients (over 21 years of age); diagnostics only  
MRI

**GALLBLADDER DISEASE/STONES:**

Most recent right upper quadrant imaging report demonstrating gallstones and related biliary pathology  
REQUIRED (MRI, MRCP, HIDA scan, CT scan, Ultrasound)

**MASS/LUMP/FOREIGN BODY:**

If patient has lesion in the midline on the back, patient will need an MRI  
If patient has lesion > 5cm or with other concerning features for cancer, patient will need MRI or ultrasound

**LIVER MASS:**

CT scan with IV and oral contrast REQUIRED

**DIVERTICULITIS:**

Records of prior hospitalizations  
Recent colonoscopy report

**HERNIAS (NEW & RECURRENT):**

Previous operative notes

**BREAST CONCERN/MASS: OSC is currently not accepting breast reductions, breast reconstruction, or patients with history of implants**

Most recent breast imaging (Mammogram/Ultrasound) shared and imaging report REQUIRED  
 Most recent (1 or 2) mammograms      Breast US      Breast Pathology      Labs  
 Latest Office Note      Previous Surgical Note

**THYROID:**

Most recent thyroid imaging shared with imaging report faxed and recent thyroid labs REQUIRED

**BARIATRIC SURGERY:**

History of weight loss attempts, interventions (diets, exercise program, etc.) and weight log/history

**EGD/COLONOSCOPY:**

Previous EGD/Colonoscopy report(s) and pathology

**THANK YOU FOR HELPING US PROVIDE YOUR PATIENT WITH THE BEST POSSIBLE CARE!**