



GLOBAL REFERRAL REQUEST

29877 TELEGRAPH RD Ste # 200  
Phone 248-354-0730  
Fax 248-354-1652

2033 CROOKS RD  
Phone 248-543-2000  
Fax 248-543-2043

Referral started: \_\_\_\_\_ Dr: B C M OB P

Patient Name: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_

Ins: \_\_\_\_\_ Member ID: \_\_\_\_\_

Referred to: \_\_\_\_\_

DOS: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

NPI: \_\_\_\_\_

Procedure: \_\_\_\_\_ CPT: \_\_\_\_\_

Diagnosis/ICD 10: \_\_\_\_\_

Dr Approval:        Y            N

Notes:

**THIS DOES NOT MEAN AUTOMATIC APPROVAL, STILL NEEDS TO GO THROUGH INSURANCE**