



Clinician referral

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Complete this form and fax it with the relevant record. Call about time-sensitive referrals.

PATIENT AND COVERAGE

Patient legal name

Date of birth

Best patient phone

Patient address

Insurance plan

Member ID

REFERRAL REQUEST

General surgery

Vascular / endovascular

Cardiac surgery

Thoracic surgery

Surgical oncology

Endocrine surgery

Orthopedics / sports

Plastic / reconstructive

PM&R

Anesthesiology / pre-op

Other / uncertain service

Focused referral question and working diagnosis

Routine scheduling

Prompt review requested

Clinician call requested

REFERRING CLINICIAN

Clinician name and credentials

NPI

Practice / organization

Office phone

Direct callback

Return fax

Office contact

TIME-SENSITIVE OR EMERGENCY CONCERNS

Call 703-594-1583 for a time-sensitive referral. Fax alone is not real-time communication. Call 911 for an emergency.



Referral records checklist

Send only information relevant to the referral question.

RECORDS INCLUDED

Referral or consultation note	Relevant operative history
Medication and allergy list	Laboratory results
Imaging reports	Pathology reports
Cardiac / pulmonary records	Insurance / authorization
Patient demographics	Other relevant record

Relevant records not yet available

SOURCE IMAGING

Facility / imaging center

Study and date

Access route / contact

Images sent electronically

Patient will bring media

VSS must request images

REQUESTED COMMUNICATION

Consultation and recommendations

Procedure evaluation

Co-management

Clinical context, prior treatment, urgency, and preferred follow-up

TRANSMISSION

Sent by

Date / time

Total pages

Callback

CONFIDENTIALITY AND MINIMUM NECESSARY

The sender is responsible for using an authorized disclosure route and sending only the information needed for review.

Do not use ordinary email. Confirm an unfamiliar request by calling the office.