

PCP REFERRAL REQUEST

From a specialist office to the primary care practice

General office template. Use the PCP / plan form or portal when required.

Request date

Appointment date, if relevant

RECEIVING PCP OFFICE

PCP practice / clinician

Verified destination fax

REQUESTING SPECIALIST OFFICE

Requesting practice

Staff contact

Office phone

Verified return fax / reply instructions

PATIENT MATCHING

Patient name

Date of birth

Plan / member details, if required by receiving office

REFERRAL REQUESTED

Specialist / practice

Requested specialty

Reason supplied by clinical team / relevant clinical details

Referral / supporting documents requested

Please review and return the applicable referral, or contact our office if more information is needed.

This request is not a clinical referral order or payer authorization. It does not establish appointment readiness.

Verify patient details and fax destinations. Handle completed copies through your office-approved systems.