

## Henry Ford Specialty Center - Saginaw Phone: (877) 434-7470 • Fax: (313) 916-5717

Date: Form comp	oleted by:	
☐ New patient ☐ Updated patient information	(if updated information please fill ot	name, date and date of birth only unless changes have occurred
Patient name		DOB (Date of birth)
(last)	(first)	
Address		
City	State	Zip
Phone	Alt. Phone	
Diagnosis		
Reason for referral		
Provider Requested (if known):		
Timeframe?  Urgent / Next Available  Routine		
Referring Physician	Primary Care Physician	
Address	Address	
City, State, Zip	City, State, Zip	
Phone	Phone	
Fax	Fax	
Email	Email	
INSURANCE (attach copy of all insurar	nce card(s) Front and E	Back and complete the following):
Primary Insurance	Policy Holder	
Insurance company name		
ID/Policy#		Phone
Employer name		
Secondary Insurance	Policy Holder	
Insurance company name		
ID/Policy#	Group	Phone
Please fax referral form and the following prior to pati	ent appointment at (313)	916-5717:
☐ Pertinent biopsy reports ☐ Pertinent consult notes │	Pertinent lab reports	Pertinent imaging reports (CT, MRI, X-ray)