

REX Structural Heart Program of Raleigh

Referral Request

Appointment: _____ arriving at _____ a.m./p.m.

Referring physician: _____ with _____
Staff making appt: _____ Call back # _____
Appointment needed: Immediately/Urgent Next Available
Dx/Reason for visit: _____ Diagnostics outside of Rex: ____ (Tests/Location) _____
Primary Care physician: _____

Physician-First Available

<input type="checkbox"/> Curtis Anderson, M.D.	<input type="checkbox"/> Christian Gring, M.D.	<input type="checkbox"/> R. Lee Jobe, M.D.
<input type="checkbox"/> Alan Kypson, M.D.	<input type="checkbox"/> Lance Landvater, M.D.	<input type="checkbox"/> Sidharth Shah, M.D.
<input type="checkbox"/> Willis Wu, M.D.		

Patient Name: _____ Date of Birth: _____

Rex MRN: _____ Best Contact #: _____
Address: _____
City: _____ ST: _____ Zip: _____

Please fax a copy of insurance card or provide the following if patient does not have a Rex MRN: Insurance

Primary: _____ ID #: _____ Group#: _____
Secondary: _____ ID#: _____ Group#: _____
Carolina Access#: _____ NPI# : _____ Group#: _____



REX Structural Heart Program of Raleigh 2800 Blue Ridge Road, Suite 201, Raleigh, NC 27607

- Main Phone (919) 784-1321
- Fax (919) 784-7111
- uncrexheartvalvecenter.com