ID Care®
Infectious Diseases Specialty Practice
& Infusion Center
P 910.729.6552
F 910.500.1002
www.idcarepa.com

ID Care® Referral Form

Referring To	Specialty: Infectious Diseases	Phone: 910.729.6552	Fax: 910.500.1002
	Practice Locations: ☐ Fayetteville Office 1319 Avon St. Fayetteville, NC 28304 ☐ Sanford Office 821 S Horner Blvd. Ste. C Sanford, NC 27330		
	Routine Appointment with: ☐ V Savaliya, MD ☐ E Onyeaso, MD ☐ S Arnold,NP ☐ A Wilson, PA		
	First Available with any provider: ☐ Yes ☐ No		
	Referring Provider:	Phone:	Fax:
Reason For Referral	Reason for Referral		
Patient Information	Patient's Name:		DOB
	If patient is under 18 years old – Parent Contact Name:		
	Preferred Phone:	Best time to call:	
	Special Considerations if any:		
	Patient 's Insurance:		
	Primary Care Provider:	Phone:	Fax:
General Information	Clinical Question:		
	Comments/Considerations Related to Clinical Question: **Please include recent Office notes, labs, pertinent imaging reports, medication list, problem list, allergies, and relevant clinical information. **		
	Patient aware of reason for referral? ☐ Yes ☐ No: explain		

Referral Confirmation

Referral Confirmation	Referral Accepted? ☐ Yes ☐ No: Explain	
	Appointment Scheduled with:	Date & Time:
	Patient refused scheduling: Explain	
	Request for additional supporting clinical information:	
	Person completing confirmation:	Date of Confirmation: