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

ID Care® Referral Form

Referring To

Speciality: Infectious Diseases	Phone: 910.729.6552	Fax: 910.500.1002

Practice Locations:

☐ **Fayetteville**
1319 Avon St
Fayetteville NC 28304

☐ **Sanford**
821 S Horner Blvd Ste C
Sanford NC 27330

☐ **Wilson**
1700 Tarboro St SW Ste 202
Wilson NC 27893

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 Office Location: ☐ Fayetteville ☐ Sanford ☐ Wilson

Date & Time:

Request for additional supporting clinical information:

Person completing confirmation:	Date of Confirmation: