



REAGAN MEDICAL CENTER

Family Medicine, Urgent Care & Diagnostic Center

REFERRAL FORM

FOR TIMELY REFERRAL, PLEASE FOLLOW THE INSTRUCTIONS BELOW

1. Call your Insurance company to verify that your specialist is still participating with your Insurance plan.
2. Call the specialist to set up your appointment
3. Fill out the information and fax your request to referral coordinator at 678-649-2083, as soon as possible

Alternatively, you may go to "patient forms" on website and "Submit Online" or "Fill & Print" or "Print Blank Form" to fill out and bring to the office

Please allow 5-7 days to get the referral in place before your appointment.

INQUIRES ONLY

CALL: 678-344-8700, option 7 TEXT: 678-866-1673 EMAIL: referral@rmc.md

PATIENT INFORMATION

Patient Name: _____ DOB: _____

Email: _____ Mobile Phone #: _____

SPECIALIST INFORMATION

Name of Specialist _____ Specialty: _____

Specialist Phone /Location: _____

Reason for Appointment: _____

Appointment Date & Time: _____

INSURANCE INFORMATION

Policy Holder name: _____ Relationship to Patient: _____

Name of Insurance: _____ Phone: _____

Member ID: _____ Group Number: _____

-
- 2878 Five Forks Trickum Rd, Lawrenceville, GA 30044. Tel: 678-344-8700
 - 2696 Lawrenceville-Suwanee Rd, Suwanee, GA 30024. Tel: 770-771-5570
 - 3685 Braselton Hwy, Dacula, GA 30019. Tel: 678-546-9800
 - 289 Grayson Highway, Lawrenceville, GA 30046. Tel: 770-771-5560
 - 10160 Medlock Bridge Rd, Johns Creek, GA 30097. Tel: 678-387-1600
 - Diagnostic Center: Lawrenceville, GA 30044. Tel: 678-221-8000

Fax (all locations) 678-344-8600 www.rmc.md