604 E. Park Ave ♦ P.O. Box 2130 ♦ Valdosta, GA 31604-2130

♦ 229-333-0277 ♦ FAX 229-241-1608

Ellen Eanes Courson, MD ♦ Danielle McFarland, MD ♦
Millie Jordan, NP-C ♦ Kristen Tucker, NP-C

REFERRAL FORM

Date: ______________________ **Office Contact:** ________________________

Patient Name: ____

Guardian's Name (only if a minor):____

DOB: _____________________________ **SSN:** _________________________________

Patient Address: ____

____

Phone: _________________________ **Alt Phone:** _____________________________

Insurance: ____

Policy #:_______________________________**Group #:**__________________________

Reason for Referral: ____

Referring to (circle one): Dr. Courson Dr. McFarland Millie Jordan, NP-C Kristen Tucker, NP-C Any

Referring Doctor: ________________________ **Office contact:**___________________

Name of Facility:____

Referring Office Phone:____________________ **Office Fax:**_______________________

Please attach all recent notes, lab reports, and radiology reports and any older records that relate to the requested appointment. Tricare Prime patient referrals must have an attached authorization. **An appointment will not be scheduled without all requested information.** We will contact the patient to schedule. Thank you for the referral.