



CHESAPEAKE REGIONAL MEDICAL GROUP

Carolina Surgical Care

1138 North Road Street; Elizabeth City, NC 27909

2518 South Croatan Highway, Suite A; Nags Head, NC 27959

Rapid Fax Referral Form

Fax to: 252-335-7836

Referring Physician: _____ Phone#: _____

Please fax back to: _____ at fax number: _____

Patient needs to be seen for:

Breast Surgery General Surgery

DX: _____

First Available (fastest turn around)

Preferred Provider: _____

In order to provide the highest quality care, your patient will be scheduled with first available provider unless otherwise noted

Patient Name: _____

DOB: _____ Age _____ SSN: _____

Patient phone number: _____ Cell Number: _____

Patient will be contacted within 24 hours

Appointment Date: _____ Appointment Time: _____

Special Instructions: _____

Joseph T. Jenkins, MD., FACS

Antonio J. Ruiz, MD., FACS

David L. Carter, MD., FACS

For office use only

Date Received: __/__/__

Faxed back to provider: __/__/__