



4415 MacCorkle Avenue, SE, Charleston, WV 25304 · p: 304-925-8949 · f: 304-925-8953
Plastic Surgery - Reconstructive Surgery - Aesthetics

New Patient Referral

Dr. Andy Stewart

Dr. Jeff Thaxton

Patient Name: _____ DOB: _____

Address: _____

Home #: _____ Cell #: _____

Referring Physician & NPI: _____

Referring Physician Phone #: _____ Fax #: _____

Diagnosis: _____

Reason for Referral/Visit: _____

Primary Insurance: _____

ID #: _____ Group #: _____

Secondary Insurance: _____

ID #: _____ Group #: _____

A copy of the insurance must be attached

Thank you for your referral. Please fax this completed form and records (including pathology reports) to (304) 925-8953, Attention: Referrals. Please note that referrals without pertinent records will not be processed.

For Office Use Only

Date Received: _____ Date of 1st Appointment: _____

Date Patient Notified: _____ Completed By: _____