



Fax: (703) 642-7565 Phone: (703) 642-7522 www.annandaleobgyn.com/referrals

**Referring Provider**

Practice Name: \_\_\_\_\_ NPI: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Patient Information**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Insurance: \_\_\_\_\_ ID: \_\_\_\_\_ Group: \_\_\_\_\_

**Primary Reason for Referral:**

\_\_\_\_\_

**Referral Type (Check all that apply)**

- Pelvic pain       Pain with intercourse       Urinary incontinence       Recurrent UTIs
- Irregular bleeding       Abnormal Pap       Fibroids/Endometriosis       Preconception counseling
- Prolapse       Postpartum pelvic floor       Vulvar/vaginal concern       Menopausal symptoms

Other: \_\_\_\_\_

**Urgency**

- Routine (next available)       Urgent (48–72 hrs)       Prefer same-week

**Clinical Information (attach if available)**

- Office notes       Imaging       Labs       Operative reports

**Requested Department**

- Annandale OB-GYN       Anna Health Pelvic Center

Specific Provider: \_\_\_\_\_

Notes: \_\_\_\_\_

**Fax referral to (703) 642-7565**

Submitting this form confirms patient consent for care coordination and release of relevant records.