Ocala Infectious Disease and Wound Center

Haris I. Mirza, MD

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Office: 401-7552 - Fax: 622-7945

▪ Referral Request Form ▪

Date:_____ NPI # _____

Referral from Dr: _____ Phone: _____ Fax: _____

Patient Name:_____Phone #: _____

Age:_____ DOB:_____ Social Security #_____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Primary Insurance: _____ID #: _____

Secondary Insurance: _____ID #: _____

Please Check: □ Next Available □ As Soon As Possible □ Urgent

Reason For Referral:_____

_____

_____

_____

_____

Office Use Only:

_____ Requesting Additional Records: _____

_____ Need Insurance Authorization Number: _____

Appointment scheduled on: _____

_____ Patient notified _____ Patient declined consultation

_____ Unable to contact patient _____ Left Message

_____ No Show For Referral