



WVU Occupational Medicine
 3860 Robert C Byrd Health Science Center
 PO Box 9145
 Morgantown WV 26506-9145
 Phone number: 304-293-3693
 Fax number: 304-293-2629

Requesting Service: _____
 Address: _____

Physician: _____

Phone: _____ Fax _____

Consultation:
We *do not* assume care

Referral:
Assume care for specified condition

Patient Name: Street: City: _____ Zip: _____ Telephone: SSN: Date of Birth:	Patient Name: Street: City: _____ Zip: _____ Telephone: SSN: Date of Birth:
<ul style="list-style-type: none"> Opinion or advice sought on patient diagnosis/condition/treatment 	<ul style="list-style-type: none"> Transfer of care for management of patient May be either total patient care or transfer of care for a specified diagnosis/condition/signs & symptoms
PLEASE SEND ALL MEDICAL RECORDS Symptoms Dx code:	PLEASE SEND ALL MEDICAL RECORDS Symptoms Dx code:

Billing Information

Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No Insurance Carrier: _____ Address: _____ Phone: _____ ID# _____ Authorization #: _____	Workers Comp <input type="checkbox"/> Yes <input type="checkbox"/> No Workers' Compensation: WC Carrier: _____ Address: _____ City: _____ Zip: _____ Claim#: _____ DOI: _____ Phone: _____ Authorization #: _____ Employer: _____ Address: _____ City: _____ Zip: _____ Claims Manager: _____ Phone: _____
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Signature of requesting provider/office staff: _____

Confidentiality Notice:

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