

Find. Fight. Cure. Together

New Patient Referral Form

\*\*Please provide a copy of this form to your patient\*\*

Referring Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

Reason for Consult:

▢ Left Breast ▢ Right Breast ▢ Bilateral

▢ Lump

▢ Pain

▢ Nipple Discharge

▢ Skin Dimpling

▢ Rash

▢ Infection/Abscess

▢ Abnormal Breast Imaging

▢ Abnormal Biopsy

▢ Current Breast Cancer

▢ Personal HX of Breast Cancer

▢ Family HX of Breast Cancer

▢ Implant complications

▢ Breast Reduction Consultation

We offer new patient appointment options within 48 hours of a requested consultation. You or your patient can call our office directly at **678-370-0370** or fax this form to **678-370-0371** and someone from our office will contact your patient to schedule.

All new patients must bring any pertinent medical records AND copies of their most recent mammogram films and/or ultrasound images with imaging reports.

Please have your patient visit our website [**www.georgiabreastcare.com**](http://www.georgiabreastcare.com) to submit new patient forms through our portal or print off forms and bring them completed to their scheduled appointment.

Thank you for allowing us to care for your patient.

*900 Towne Lake Pkwy  Suite 312  Woodstock, Georgia 30189*

*780 Canton Road NE  Suite 320  Marietta, Georgia 30060*

*678.370.0370  fax: 678.370.0371*