Stanford HEALTH CARE

Need Assistance?
Physician Helpline: 866-742-4811

Referral Request Form

(Items with ** are required for processing)

Fax To: 650-320-9443 or Submit online using prism
Radiology Referrals / Orders: Use Form: https://stanfordhealthcare.org/imaging

Patient Information

Reason for Referral

If Medical Records Cover Sheet is included, Patient information can be left blank	Priority: Routine ☐ **Medically Urgent** ☐
Last Name: Sex: ☐ Male ☐Female First Name:	**If Medically Urgent**, please describe:
Date of Birth**	☐ Consultation ☐ 2nd Opinion ☐ Procedure ☐ Transplant ☐ Other
Phone # ** Secondary Contact #	Diagnosis/ICD 10**
Address**	Clinic / Specialty Requested**
City** Zip Code** State	Physician Requested Location Requested
Interpreter Needed? Yes ☐ No ☐ Preferred Language:	If Requested Physician is Unavailable, Can Patient be seen by another provider? ☐ Yes ☐ No, Contact Referring Provider

Referring Provider Information

Referring Provider Name**		PCP Name
Practice Name**		
Office Address**		City**
State**	ZIP Code**	NPI Number
Phone**	Fax**	Provider Specialty

Documentation Requested

☐ Relevant Clinical Notes **(History & Physical, Imaging and Lab results)**

☐ Copy of Insurance Card ☐ Insurance Authorization Information (If required)

prism | Physician Referral and Information at Stanford Medicine

Send and manage referrals online

prism.stanfordhealthcare.org