



St. Mary's Infectious Diseases
2828 First Avenue, Suite 304
Huntington, WV 25702
Phone: (304) 399-7213 Fax: (304) 399-7215

REFERRAL FORM

Thomas Rushton, MD

Sonal Bajaj, MD

PATIENT INFORMATION

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell (____) _____

[] Male [] Female Social Security #: _____ - _____ - _____

Insurance: _____

Reason for Referral: _____

Referring Physician: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Please include all records pertaining to this referral, including the patient's labs, radiology results and office notes.

Please send copies of all insurance cards

Appointment Date: ____/____/____

Time: ____:____ AM/PM