



# United Surgical ASSOCIATES of Kansas City

19101 East Valley View Parkway Suite B, Independence, Missouri 64055  
OFFICE: (816) 254-9292 FAX: (816) 795-8996

## GENERAL SURGERY REFERRAL FORM

- Dr. Kelly James, MD  
 Dr. Sigi Joseph, MD  
 Dr. Clint Gates, MD

- Dr. Jonathan Patterson, MD  
 Dr. Chelsea Fisher, DO

### Referring Physician:

Physician's Name: \_\_\_\_\_ NPI \_\_\_\_\_

Address: \_\_\_\_\_

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

### Patient Information:

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

Referral Auth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Insurance: \_\_\_\_\_

Diagnosis/Reason for referral: \_\_\_\_\_

**When possible, please fax patient's demographics & diagnostic test results to our office (816)795-8996. Inform patient to bring most recent films, and a list of all current medications to their first appointment.**

### Reason for Referral: (Please Check one)

Consultation

2<sup>nd</sup> Opinion

Follow Up