

# REX Cardiac Surgical Specialists

## Referral Request

Appointment: \_\_\_\_\_ arriving at \_\_\_\_\_ a.m./p.m.

Referring physician: \_\_\_\_\_ with \_\_\_\_\_

Staff making appt: \_\_\_\_\_ Call back # \_\_\_\_\_

Appointment needed:  Immediately  Next Available  Within one week

Dx/Reason for visit: \_\_\_\_\_

Diagnostics outside of REX: \_\_\_\_\_ (Tests/Location)

Primary Care M.D.: \_\_\_\_\_

**REX Cardiac Surgical Specialists**  Curtis Anderson, M.D.  Alan Kypson, M.D.

Lance Landvater, M.D.  Robert Peyton, M.D.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

REX MRN: \_\_\_\_\_ Best Contact #: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please fax a copy of insurance card or provide the following if patient does not have a REX MRN:**

### Insurance

Primary: \_\_\_\_\_ ID #: \_\_\_\_\_ Group#: \_\_\_\_\_

Secondary: \_\_\_\_\_ ID#: \_\_\_\_\_ Group#: \_\_\_\_\_



Cardiac Surgical  
Specialists

### REX Cardiac Surgical Specialists

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