

Image Clear Ultrasound

Pregnancy Solutions & Services
Phone 330-644-4490 FAX 330-745-4070

DATE: _____

Patient: _____ Date of Birth: _____

Patient Phone: _____ Cell: _____ Work: _____

Insurance: _____

Referred by: *(Please Print)*

Name: _____ UPIN/NPI: _____

Practice/Organization Name: _____ NPI: _____

Address: _____

Phone: _____ FAX: _____ Email: _____

Reason for Referral:

- Educational Program Options Options Counseling Pregnancy Test
 Ultrasound Support Services STD/STI follow up

Notes/Additional Comments/Specific Questions to be Addressed in Consultation:

Symptoms/Diagnosis and diagnosis code: (Indicate diagnosis codes to the highest level of specificity)

Records from referring provider faxed with referral (recent progress notes, medication list, lab results, copy of insurance card)

SIGNATURE: _____

Using the phone and fax numbers from above, please call for an appointment or fax this request to our office (along with appropriate records, notes, lab results, insurance info where applicable). Thank you for your referral. To download this form electronically, visit imageclearultrasound.com and click on "Referring Providers."

To Find Mobile Locations Please visit our WEBSITE: www.imageclearultrasound.com/locations

Center Address: Pregnancy Solutions and Services - 3136 Manchester Road, Akron, OH 44319