



Dr. George M Wadie, MD, FACS, FAAP

600 New Waverly Place #203
Cary, NC 27518

Office: (919) 858-7020
Fax: (919) 859-5695
Carolinapediaticrsurgery.com

NEW PATIENT REFERRAL FORM

Patient information:

- Name: _____
- DOB: _____
- Age: _____
- Gender: _____
- Address: _____
- Best contact phone numbers: Home: _____ Cell: _____

Insurance Information: (copy and fax both sides of the card)

- Insurance provider: _____
- Policy holder's name: _____
- Policy holder's DOB: _____
- Policy number: _____
- Group number: _____
- Expiration date: _____
- Medicaid referral authorization number (if applicable): _____

Referral information:

- Consultant requested: Dr. George Wadie, MD, Carolina Pediatric Surgery
- Reason for referral: _____

Referring provider information:

- Name of the provider: _____
- Name of the practice: _____
- Office phone: _____
- Office fax: _____
- Best contact person (referral coordinator): _____

Fax the following information along with this form:

- Copy of insurance card – both sides
- Clinical records: office visits, investigations (labs and radiology) and growth chart.