



Sampson Surgical Services SNF/ALF Patient Referral

- Request for Consult
- Request for Referral

**\*Call 910.596.6113 for all urgent requests.**

Referring Facility \_\_\_\_\_ Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Patient Name : First \_\_\_\_\_ Last \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Secondary Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Insurance: Medicare Medicaid VA Other \_\_\_\_\_ Plan # \_\_\_\_\_

Authorization # (If Required) \_\_\_\_\_ Primary Care Provider \_\_\_\_\_

Reason for Referral \_\_\_\_\_

Referring DX and ICD-10 \_\_\_\_\_

**The information below is required prior to scheduling:**

1. Is the patient ambulatory? Y / N

2. If not, will the patient be coming by stretcher/wheelchair? Y / N

(This is to accommodate privacy and prevent double booking of procedure room which is the only room equipped to allow the length and width of a stretcher.)

3. Is the patient coherent or able to communicate? Y / N

If the patient is not able to communicate, the patient must have a POA/designee/responsible party that will be accompanying the patient to his/her doctor appointment with the appropriate legal documents or the appointment will need to be rescheduled.

Please fax patient demographics with insurance, health summary and correlating records (office notes, labs, radiology reports, etc.) to 910.596.6114. For urgent requests, call 910.596.6113 before faxing. If voicemail is reached, leave a detailed message and a staff member will return your call. Messages are checked every 30 minutes.

**Practice Information**

Sampson Professional Services, LLC  
DBA Sampson Surgical Services  
Tax ID# 80-0417857  
NPI# 1760744361

**Surgeon Information**

Mariana Mendible, MD, FACS  
NPI# 1609049709

Andres Fleury-Guzman, MD, FACS  
NPI# 1881867992

For Use by Sampson Surgical Only

Appt Date/Time \_\_\_\_\_ Name of Provider \_\_\_\_\_ Faxed Notification to Referring Provider on \_\_\_\_\_  
Completed by \_\_\_\_\_