

Referral Form OB/GYN

Lovelace Medical Group Women's Health

4705 Montgomery Blvd. NE, Suite 301
Albuquerque, NM 87109

Westside/Rio Rancho:
10511 Golf Course Rd., Suite 201
Albuquerque, NM 87114

Phone: 505.727.4500

Please fax referral form, medical records, patient demographics, supporting documentation and insurance card(s) to 505.727.9641. If you would like to schedule an appointment for your patient, please call 505.727.4500.

Patient name: _____ DOB: _____

Home phone: _____ Cell phone: _____

Insurance: _____

Referring provider: _____ Group name: _____

Address: _____

Phone: _____ Fax: _____

OB/PRENATAL

Estimated Delivery Date: _____

Patient provider preference: OB-GYN Midwife Any available provider

Patient location preference for office visits: Lovelace Women's Hospital Lovelace Westside Hospital/Rio Rancho

Patient location preference for delivery: Lovelace Women's Hospital Lovelace Westside Hospital/Rio Rancho

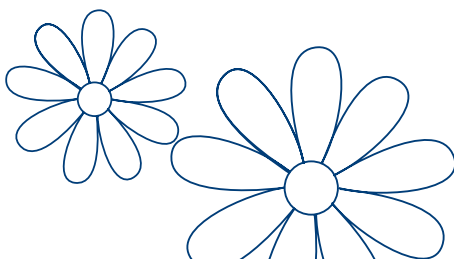
GYN/WOMEN'S HEALTH

GYN diagnosis: _____ Evaluate/treat: _____ Other: _____

Annual exams Birth control Menopause symptoms

Minimally invasive gynecology surgery Urogynecology consult STD testing

WE GLADLY ACCEPT MOST INSURANCE PLANS, including all Lovelace Medicare Plan, Blue Cross and Blue Shield of New Mexico, Humana, Molina Healthcare, TRICARE, Medicaid, Medicare and many others.



Lovelace

Health System