



A Lexington Medical Center Physician Practice

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Lexington, SC 29072
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7033 St. Andrews Road
Suite 104, Columbia, SC 29212
(803) 936-7230
FAX: (803) 749-9675

Lexington Medical Park 2
146 East Hospital Drive, Suite 140
West Columbia, SC 29169
(803) 936-7230 • FAX: (803) 936-8097

Referral Form

Date: _____

Referring doctor: _____

Practice/Group: _____

Office phone #: _____ Fax #: _____

Person to contact: _____

Referral to doctor: _____

Reason for consultation: _____

Has the patient seen another orthopaedist and/or had X-rays, MRI for this previously? Yes No

If so who & when: _____

Patient Information:

Patient name: _____

Phone #: _____ Date of birth: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Insurance (Please include copy of front and back of insurance cards):

Type of Insurance: _____

Subscriber Name: _____ Date of birth: _____

Policy ID #: _____

Secondary Insurance:

Type of Insurance: _____

Subscriber Name: _____ Date of birth: _____

Policy ID #: _____

Please fax all referrals and current medical records/notes that apply to (803) 936-8097.

Any questions please call 803-936-7230. Thank you for your referral!