



PRIMARY CARE PHYSICIAN REFERRAL
Please Fax this completed form to (877) 492-1491

Your patient:

FIRST MI LAST

Date of Birth

has requested a referral to our primary care practice for the times they are visiting/working in the Boothbay Region. We would appreciate receiving a referral from you so that we may provide continuity of care. Upon the patient's request, we will, of course, share the Notes from their Office Visits with you.

I, _____

PCP's Name

NPI

am willing to refer this patient to the Boothbay Region Health Center, a rural community health center in Boothbay Harbor, ME for care when they are residing in the Boothbay Region.

Sincerely,

PCP's Signature