

Patient Referral Form—Please fax to Boise (208)433-1115 or Fruitland (208)452-7550

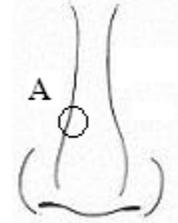
Referring Provider/Office: _____ # of pages (w/ cover) _____

RE: Patient: _____ DOB: _____

Included: Office notes Pathology Results Patient Demographics

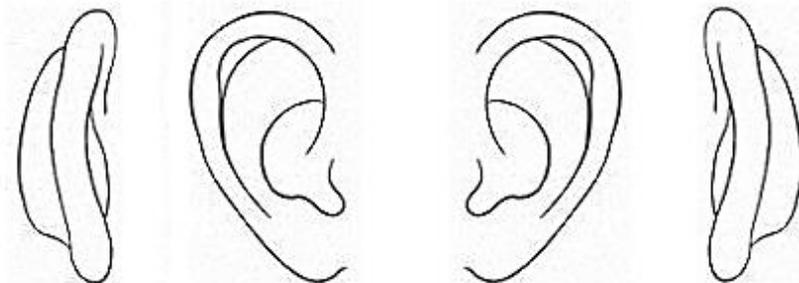
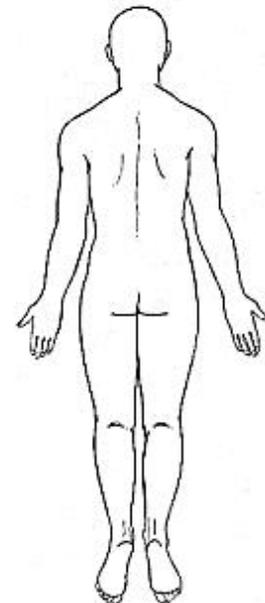
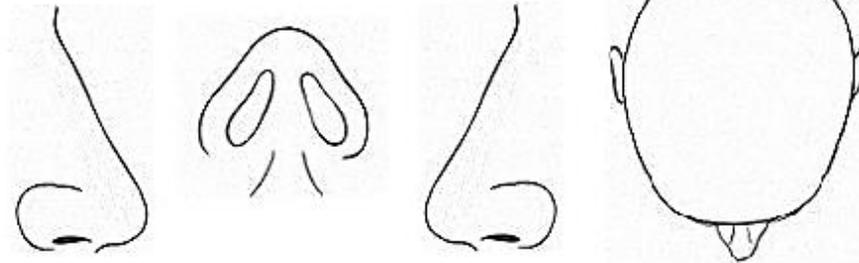
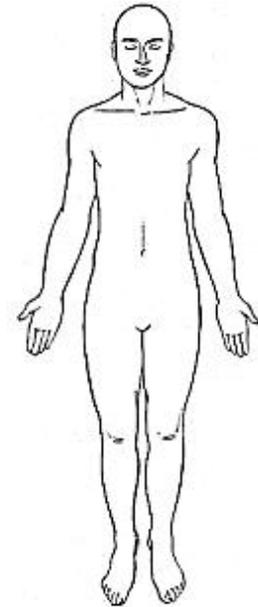
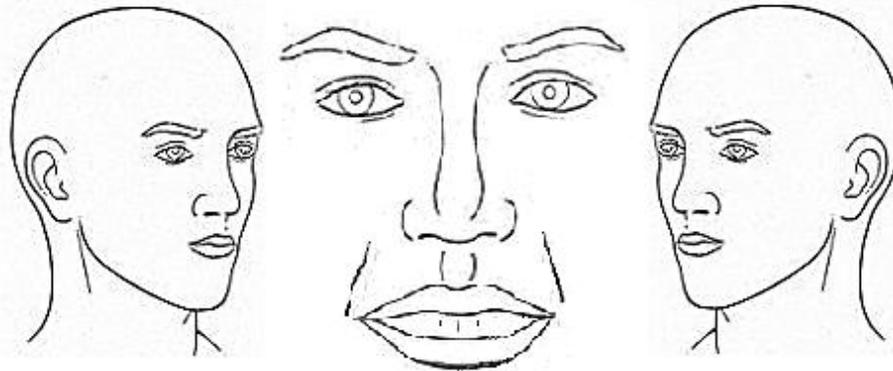
Ex:

#	Site	Dx	Size
A			
B			
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Comments:

Rev. 10/19/2022



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