

RIDGELINE CONSULTING SERVICES, LLC

Patient Referral Form

Phone: (304) 745-7837

Fax: 1-(360)-242-5842

Patient Name: _____

Diagnoses: _____

Laboratory testing requested:	
	Hepatitis panel
	HIV testing
	Serum pregnancy test (all females <60 yoa EXCEPT in cases of hysterectomy)
	Urine pregnancy test
	CBC complete
	Comprehensive Panel
	Observed UDS
	Other:

Radiology testing requested:	
	Chest x-ray
	Two-view abdomen
	Other:

FAX RESULTS: 1-360-242-5842

Ridgeline Consulting Services, LLC
Richard W. Knapp, Jr. M.D.
P. O. Box 648,
Madison, WV 25130

Provider signature: _____