Bleeding & Clotting Disorders Institute

Family-oriented care for persons with bleeding, clotting and other blood disorders

Dr. Michael Tarantino—Medical Director 9128 N. Lindbergh Drive, Peoria, Illinois 61615 Phone: (309) 692-5337 Fax: (309)693-3913

Date of Referral: _____

Name of Patient:_____ **Date of Birth:** _____

Male:_____ **Female:**_____ **Spouse/Parent/Guardian:**_____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

Insurance: _____ **Phone:** _____

Insured's Name & DOB: _____ **Policy Number:** _____

Relationship to Patient: _____ **Group Number:** _____

Referring Physician: _____

Referring Physician's Address: _____

Phone Number: _____ **Fax Number:** _____

Primary Care Physician: _____

Primary Care Physician's Address: _____

Phone Number: _____ **Fax Number:** _____

Reason for Referral: _____

_____

_____

Comments: _____

_____

_____

****PLEASE INCLUDE MOST RECENT OFFICE NOTES, PERTINENT LABORATORY RESULTS AND INSURACE CARD****

DATE OF APPOINTMENT: _____ **TIME:** _____ **INITIALS:** _____

MAIL DIRECTIONS: _____ **TYPE OF CHART:** _____