



Banner Health®

**BANNER MEDICAL TOXICOLOGY CLINIC
REFERRAL FORM**

(to be completed by referring provider)

Please return electronically, fax or mail to: Banner – University Medical Center
Department of Medical Toxicology
925 East McDowell Road, 2nd Floor
Phoenix, Arizona 85006
602-839-6690
602-839-4138 (fax)
Teri.Glidewell@bannerhealth.com

Patient name: _____ Date of birth: _____

Patient's home address: _____

Contact phone number: _____ Secondary phone number: _____

Referring provider: _____ Provider's phone: _____

Referring provider's office address and fax number: _____

Primary Insurance: _____ Secondary Insurance: _____

Authorization required: No Yes Authorization # / expiration: _____

Reason for referral: _____

(Please provide all relevant medical records (inpatient and outpatient) and laboratory studies.)

Additional comments: _____

Provider signature: _____ Date: _____

