Specialist Referral Medical Authorization Release Form

(For Insurance Approvals)

Patient Name

Date of Birth

Patient Phone Number

Patient Address

Insurance Provider

Insurance ID Number

Policy Group Number

Referring Provider Information

Referring Physician Name

Physician Phone Number

Referring Practice

Specialist Information

Specialist Name

Specialty

Specialist Practice Name

Practice Address

Practice Phone Number

Referral Reason / Diagnosis

Medical Records To Be Released

Authorization

Patient/Legal Guardian Name

Signature

Date