



Physician Referral

IF THIS IS AN EMERGENCY, CALL 911. DO NOT USE THIS FORM FOR EMERGENCIES.

Physician Resources

To refer one of your patients, you may call us at 1-866-680-0004 or complete this form to begin the patient referral process. A representative in your office will be contacted by one of our Referral Specialists to collect additional information. The patient will be contacted and the appointment confirmed.

Fax:
412-359-3002

or Mail:
West Penn Allegheny Health System
320 East North Avenue
Pittsburgh, PA 15212
Attn: Physician Referral

or call us:
866-680-0004 • option 1 or
412-359-3131

About the referring physician

Name: * _____
Street: * _____
City/Town: _____
State: _____
Zip Code: _____
Office Phone: * _____
Office Fax: _____
Email: _____

About the patient

Name: * _____
Date of Birth: * _____
Gender: * Male Female
Street: _____
City/Town: _____
State: _____
Zip Code: _____
Daytime Phone: * _____
Evening Phone: _____
Fax: _____