

The **Women's**  
HEALTH GROUP, P.C.



9195 Grant Street, Suite 410  
Thornton, CO 80229  
Phone: 303-280-2229(BABY)  
Fax: 303-280-0765

300 Exempla Circle, Suite 470  
Lafayette, CO 80026  
303-665-6016  
303-665-0121

6363 West 120<sup>th</sup> Avenue, Suite 300  
Broomfield, CO 80020  
303-460-7116  
303-460-8204

[www.whg-pc.com](http://www.whg-pc.com)

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**REFERRAL**

To: Dr. \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

This will introduce my patient, \_\_\_\_\_

Patient's primary physician is \_\_\_\_\_

Reason for referral:

Evaluation/Treatment of \_\_\_\_\_

Second Opinion for \_\_\_\_\_

Clear for Surgery. Procedure: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

Please:

Send Report to me \_\_\_\_\_

Call me after seeing patient. Office: \_\_\_\_\_

Other \_\_\_\_\_

Thank you for your assistance.

**TO OUR PATIENTS:** We are referring you to this physician for further treatment, exam or consultation. Please check with your insurance company to verify this physician is in your particular network.