Dignity Health.
Destination Medicine

Refer a Patient

Please email the completed form to DestinationAZ@dignityhealth.org,
Attention: Destination Medicine Intake. Send completed form only – do not send records at this time.

If this is an urgent/surgical request, please call **480.268.0270**.

Date: _____

Patient Information

Patient Name: _____ Birth Date: _____ Gender: _____

Home Phone: _____ Alternate Phone: _____ Email: _____

Address: _____

City/State: _____ Country: _____ Zip Code: _____

Ethnicity: _____ Preferred Language: _____

Emergency Contact Name: _____ Phone: _____

Insurance Name/Plan: _____ Group #: _____ Effective Date: _____

Subscriber Name: _____ ID #: _____ Birth Date: _____

Primary Care Physician: _____

Referring Physician Information

Referring Physician's Name: _____ Email: _____

Practice Name: _____ Address: _____

City/State: _____ Country: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____ NPI Number: _____

Appointment Request

Requested Provider/Specialty: _____

Work-Related Injury: ❑ YES ❑ NO Accident-Related Injury: ❑ YES ❑ NO

Reason for referral (diagnosis or symptoms): _____

_____

_____

_____

For questions, please contact Dignity Health Destination Medicine at 602.406.6293.
You will receive confirmation once the appointment is scheduled. Expected turnaround time is 24-48 hours.
Thank you for referring to Dignity Health Destination Medicine.

DHAZE5671
5/2019