

REFERRAL FORM

INTEGRIS Baptist Medical Center Medication Management Clinic

Fax: 405-945-4582

Phone: 405-949-3546

INTEGRIS Southwest Medical Center Medication Management Clinic

Fax: 405-644-5129

Phone: 405-644-5128

ORDER

To: INTEGRIS Baptist Medical Center Medication Management Clinic

INTEGRIS Southwest Medical Center Medication Management Clinic

Alternatively, referrals can be emailed using a secure email to cmmpharmacist@integrisok.com

Clinic Name: _____

Clinic Phone Number: _____

Clinic Fax Number: _____

Patient Name: _____

Patient Phone Number: _____

Patient DOB: _____

Referral: Comprehensive Medication Management Services

Referral Medication Adherence Diabetes Management Hypertension Management

Reason: Asthma/COPD Management Other: _____

Notes:

Physician Name

Physician Signature

Date