

Referral Tracking and Follow-up Log

1 week minimum report

Practice Name:

Avery Wood, MD

Week of: _____

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Referral Date	Patient Name/DOB	Facility/or Physician	Diagnosis / Reason for Ref	Appt Date	Ins Info/Pre-Author., if needed	STAT (Y/N)	Date Report Expected	Date Rec'd Report	Report Overdue (Y/N)	Action Taken/ Date/ Initials

Your Abbreviations for MDs, Facility, etc:

Action Taken Codes: 1 = Called Provider or Facility for report 2 = Called patient to reschedule
3 = Reviewed with Dr. Wood 4 = Referral Cancelled 5 = Patient No Show for appt.

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