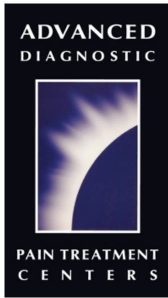

One Long Wharf Drive, Suite 212
New Haven, CT 06511

Dwight P. Ligham, M.D.

Phone (203) 624-4208
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Referral Form

Please Fax Clinical Notes and Radiology Reports

☐ Urgent ☐ Routine ☐ Consult Only

☐ Consult & Treatment for Procedures ☐ Consult & Treat for Med Program

Reason for Referral (Symptoms) ____

____

Referring Physician Information:

Provider Name ______________________ Office Contact ______________________

Address ____

Fax______________________ Phone ______________________________

Patient Information:

Name ___________________________________ DOB______________________

Address ____

Primary Phone (C/H/W) ______________Secondary Phone (C/H/W) ___________________

Work Related Injury? (Y / N) Date of Injury ______________________________

Auto or other Accident Related Injury (Y / N) Date of Injury ______________________

Insurance Information:

Primary Insurance Co. __________________ Secondary Insurance Co. __________________

Policy/ID No. ______________________ Policy/ ID No. ______________________

Workers Compensation:

Carrier___________________________ Claim No. __________________________

Contact Person ______________________ Authorization No. ______________________

Phone ___________________________ Fax ______________________________