



THE CECIL SPECIALTY CLINIC

1009A Dupont Sq N
Louisville, KY 40207

PH: (502) 894-9950 | FAX: (502) 894-9991

Telehealth services available

(Referring practice demographic sheet and insurance card can be used if it contains the following information)

Diagnosis: HCV HBV HIV PrEP STI (specify) _____

Patient Name (Last) _____ (First) _____ (M) _____

Age _____ DOB _____ SS# _____

Home Phone _____ Cell Phone _____

Street Address _____

City _____ State _____ Zip _____

Insurance _____ ID _____

Patient Email Address _____

Who should we contact to schedule the appointment? (If you are referring from an inpatient facility please see the next section)

Name (Last) _____ (First) _____

Relationship to Patient: _____ Phone _____

If you are referring from an inpatient facility:

(Note: We utilize telemedicine via Zoom to offer services for inpatient and outpatient facilities)

Facility Name: _____ Main contact: _____

Contact # _____ Contact email _____

Facility Address _____

Preferred appointment day and time _____

Please include the following documents with all referrals:

- Copy of insurance card, if available
- Last office note AND medication list
- Copies of any abdominal imaging (for liver related diagnosis)
- Labs related to diagnosis
- Please send the following labs if they are available- CBC, CMP, HIV results
- EGD results if available

****Lack of records may result in patient appointment being delayed****