

UP Health System – Marquette Pediatrics Referral Request Form

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Francis Darr, MD* Stephanie Nelson, DO* Jessica Ramlow, NP* Isaac Smith, MD*

Jennifer Bowden, MD
(Pediatric Psychiatry)

G. Michael Nidiffer, MD

Shannon Dennis, NP
(Bell location only)

*Please note: Providers with a * by their name travel to our Bell location also.*

Dr. Nidiffer also sees patients at the UP Health System Specialty/Developmental Clinic, which is a separate form.

Provider Requested _____

Referral Reason _____

Date of request ___/___/___ Referring Provider _____

Office Contact _____ Office Name _____

Office Phone _____ Office Fax _____

Patient Name _____ Date of Birth ___/___/___

Parent's Names _____

Home Phone _____ Cell Phone _____

Patient Address _____

Insurance _____ Policy # _____

Policy Holder Name _____ Group # _____

Policy Holder DOB ___/___/___ Relationship to Patient _____

PLEASE FAX THIS REQUEST TO:

833.916.2234

*** Please attach the last three office notes, lab results, imaging, etc., pertaining to the referral reason.***

