

REFERRAL FORM

Please use this form to make a referral to Ibis Health. We will promptly confirm receipt.

*You can print this form and fax it to 888 965-5424, or
fill it out on your computer and upload it to our [secure server](#).*

Questions? Please call 888-626-9995 to speak with an Ibis intake specialist.

Your Name:

Your Title or Role:

Your Organization:

Your Email Address:

Your Phone Number:

Patient Name:

Patient State of Residence:

Patient Phone Number:

Patient Phone Type (Landline vs. Mobile):

Patient Email Address (if available):

Is the Patient eligible for Medicare? Y/N

Is the Patient expecting our call? Y/N

Comments (include payer or health plan name if available):