



SRMC Plastic Surgery Clinic Phone: (505) 994-7397 Fax: (505) 994-7252

External Referral / Consult Request Form

Instruction: The following information will be required for review of your referral. Please submit complete packet to the fax number above and allow up to 8 days for review.

Patient Demographics & Insurance Information

- Please include patient name, address, best contact number, insurance name & policy number