



## AccessKershaw Referral Form

AccessKershaw is an initiative of CMC and provides primary care and specialty care services as well as connects individuals to resources that are uninsured, underinsured and/or just need a connection and support. We provide access to services for those that live in Kershaw County.

Thank you for your partnership!

Referral Date: \_\_\_\_\_

Referred By: \_\_\_\_\_

Organization Referring: \_\_\_\_\_

Organization Phone: \_\_\_\_\_

Reason for referral: \_\_\_\_\_

Patient name: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Patient Address: \_\_\_\_\_

\_\_\_\_\_

Patient Phone Number: \_\_\_\_\_

Does patient know referral is being made? Please circle: Yes / No

Anything additional we need to know about patient? \_\_\_\_\_

Instructions for referral submission:

Please complete this form and fax to 803-408-0502. For any questions or follow up call 803-713-0806 and please press option # 3.

**We are located at West Wateree Medical Complex - 1165 HWY 1 South, Suite 301 Lugoff, SC 29078**

Thank you for your referral.

