Medtyme Corporation
Emergency Medical Association
www.medtyme.org

Patient Referral Form

Our mission and ultimate goal as an organization is to provide resources to help socially, financially and spiritually to those in need. With support that provides assistance/relief to individuals with an emergency situation due to a medical setback or devastation. The Memra Fund accepts individual's emergency referral or requests regardless of diagnosis, ethnic, disability, marital status, age, gender, religion, national origin, race or creed.

Putting determination in a manner that's beneficial to all!

Request for Emergency Services

(Form must be completed by a Licensed Medical Provider, Nurse or Medical Facility Representative)

Name: ______________________________ DOB: ______ ______ ______

Address: ____

____

Gender: **F** _______ **M** _______ Home Phone: ____________________

Signature: ____________________ Message/Cell.: ____________________

SUPPORT OUR SICK!

Date: ____________ Dept/Location: ____________________

Reason: ____

Name: ____________________ Facility: ____________________

Ofc. Phone: ____________________ Ofc. Fax:/E-mail: ____________________

Signature: ____________________ Title: ____________________

HOPE • HELP OUR PEOPLE EXCEED!

Knowing that you can make things different by having the knowledge to accomplish something that makes a difference!

Diagnosis: ____________________ Physician: ____________________

Specialty: ____________________ License #: ____________________

Type of Medical Assistance Requested?

- ☐ Nutrition/Dietary Service
- ☐ Emergency Assistance
- ☐ Financial Aid/Support
- ☐ Home Health Assistance
- ☐ Medical equipment Rental
- ☐ Outside Service
- ☐ Therapy Services
- ☐ Notary Document Signing
- ☐ Physician Referral
- ☐ Pharmacy Prescriptions
- ☐ Pediatric care
- ☐ Dependant Care
- ☐ Dr. Office/Visit Co-Payments
- ☐ Funeral /Burial Assistance
- ☐ Outpatient Tests
- ☐ Medical Forms Assistance
- ☐ Emergency Room Services
- ☐ Dentistry

Is the patient currently hospitalized? Yes _____ No _____ If yes, please provide prospective date of discharged: ___________________ If no, please provide date of discharge? ____________________