



State University of New York  
Downstate Medical Center  
University Hospital

Affix Label/Write Patient Name

Unit No. \_\_\_\_\_

Pt # \_\_\_\_\_

## NURSING REFERRAL FAX FORM

Date Referral Sent \_\_\_\_\_ Referral Made By \_\_\_\_\_

### Check Referral Type

**\*New Admission Referral** (Document in Nursing Admission Hx & Assessment)

**\*Post 24 Hr. Admission Referral** (Document on Progress Notes)

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**Faxed To:**

**Fax Number:**

\* Patient Relations

Fax # 2770

\* Nutrition

Fax # 3852

\* Social Work

Fax # 2007

\* Rehabilitation

Fax # 3763

\* Infant Child Learning Center

Fax# 4038

\* Chaplain (at patient's request)

Fax # 2007

\* Non-Blood Management Program

Fax # 8891

**And Page Coordinator**

Beeper # (917) 761-1115

### **New Referral Services:**

(Document on Progress Notes for New Admission and Post 24-Hour Referrals)

\* Wound Care Nurse

Fax # 718-221-6150

Beeper # (917) 761-1516

\* Smoking Cessation Counseling

Fax # 8175

