



**SUNY  
DOWNSTATE**  
Medical Center

University Hospital of Brooklyn

## NURSING REFERRAL FAX FORM

Affix Label or Write

Patient's Name \_\_\_\_\_

Unit # \_\_\_\_\_

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)

**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 Center  
And Page Coordinator –**

**Fax # 8891  
Beeper # (917) 761-1115**

☐ **Wound Care Nurse Beeper # (917) 761-1516**

**Fax # 718-221-6150**

**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