## Referral Log

Date Referral sent to IPA	Patient Name and/or Medical Record Number	Referred to: Specialist/ Facility	Auth. Status & Date Approved/ Denied/ Deferred	Date Patient notified	Date of Appt / Services	DATE REPORT RECEIVED AND/OR COMMENTS

<sup>\*</sup>Acuity of Referral: Emergent, Urgent or Routine

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