



**Incomplete Referral Letter – Additional Information Required**

**Patient Name:** \_\_\_\_\_

**MCP:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

**Requested Service:** \_\_\_\_\_

The attached referral could not be processed in CorCare due to missing required information.

To proceed with triage, please provide the following:

- Patient identifiers incomplete (e.g. Name, DOB, MCP, Unit Number)
- Referring provider information missing
- Reason for referral unclear or not specified
- Not enough information to determine urgency
- Insufficient clinical details provided
- Required labs/imaging not included
- Illegible referral
- Program specific requirements missing: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Next Steps:**

Please resubmit the completed referral via fax to: \_\_\_\_\_

Processing will resume once all required information is received.

Please note the digital pathways for referrals and orders are preferred to support complete referrals, timely processing, and improved communication on referral intake status for provider and patient.

Thank you.

[\[Click to add First/Last Name\]](#) [\[Click to add Title\]](#)