



Dear Patient,

We understand you are interested in changing Primary Care Providers. Our policy prohibits patients from transferring care as we believe knowledge and familiarity of one’s past medical history comes from consistent medical treatment. Establishing care with a Primary Care Provider is the first step in this process. However, we understand from time to time exceptions may need to be made. Please complete the information below and return it to our office. Your current physician may be notified of your request to provide feedback and assistance when placing you with another provider. After careful review, we will contact you regarding this request. Before attempting to transfer, please know that our providers do not prescribe and monitor pain medication prescribed by another provider.

Sincerely,
Internal Medicine Physicians

Return completed form to:
Physicians East, PA
1850 West Arlington Blvd.
Greenville, NC 27834
Attn: West Reception

Patient Demographic Information (To be completed by Patient)

Patient name: _____

Date of birth: _____ Phone Number: _____

Address: _____

Patient Insurance: _____

Primary Care Provider Information (To be completed by Patient)

Patient’s current primary care provider: _____

Reason for the request to change providers: _____

Today’s Date: _____

Which location do you prefer to be seen?

Arlington Farmville Winterville Grifton Kinston Beulaville

Do you have any provider preferences? (ex. Male or Female)
