

## Physician Referral

Age Requirements

No Age Requirement

Available 24/7

No

Family

No

Intake Contact Email

lam@ntelos.net

Intake Process

Telephone

Provider Refer

No

Report Problems

Call the Agency

Self Refer

Yes

Lynchburg Academy Of Medicine

<https://lynchburgmedicineva.wpcomstaging.com/>

Main

(434) 947-5911

P O Box 3117

24503 VA

United States

Fee Structure

No Fee

Languages Spoken

English

Lynchburg Academy of Medicine offers medical referral for an internist. This is strictly medical referral. No dental referrals.

Service Area(s)

Lynchburg City

Email

[lam@ntelos.net](mailto:lam@ntelos.net)