



www.

Phone:  
Fax:

Phone:  
Fax:

Phone:  
Fax:

Referral Contact:  
Office Manager:

Referral Phone:  
Office Manager Phone:

**Insurance Not Accepted**

**Special Requests**

- Will not take case without prior imaging
- Will take referral by phone
- Conditions not taken:
- Procedures not taken:
- Copy of insurance card
- Metal in body
- Age limit of referral
- Specialist will order diagnostics/imaging
- Other:
- Other:

**Items Requested with Timeframes**

(AIMS requests any recent labs, x-rays, office notes, or diagnostic testing pertinent to patient's condition)

- |  |   |
|--|---|
| <input type="checkbox"/> CBC                             | <input type="checkbox"/> MRI            |
| <input type="checkbox"/> CD with medical record /imaging | <input type="checkbox"/> Other:         |
| <input type="checkbox"/> X Ray                           | <input type="checkbox"/> Pathology      |
| <input type="checkbox"/> CT                              | <input type="checkbox"/> Progress Notes |
| <input type="checkbox"/> Culture & Sensitivity           | <input type="checkbox"/> PSA            |
| <input type="checkbox"/> History & Physical              | <input type="checkbox"/> UA             |
| <input type="checkbox"/> Med List                        | <input type="checkbox"/> US             |
| <input type="checkbox"/> Metabolic Panel                 | <input type="checkbox"/> X-Ray Other    |