

Capital Internal Medicine Associates, P.C.

*A New Beginning OB/GYN *CIMA Acute Bridging Clinic *CIMA Breast Center *CIMA Heart Institute
 *CIMA Main Office *CIMA Primary Care * Haslett Primary Care *Kozmic Family Practice
 *Mason Internal Medicine *Williamston Primary Care

Phone: (517) 374-7600

Referral Form

****When referring, you must include: Patient demographics, clear copy of insurance cards, and recent office notes or testing pertaining to referring diagnoses. If not completed in its entirety form may be returned to be completed.****

Please specify the appointment request:

Diagnosis:

CARDIOLOGY TESTING	ULTRASOUND	OTHER TESTING/SPECIALITIES
Consult with Dr. Sherrie Brooks	Liver	PFT – Pre & Post
Nuclear Stress Test (Lexi Scan)	Kidney/Bladder	PFT - Complete
Stress Test w/Cardiologist	Breast	Bone Density
Echocardiogram or Stress Echo	Thyroid	Infectious Disease with Dr. Chris Farnum
Holter Monitors (24hr/48hr/21 day)	Gall Bladder	OMM with Dr. Sarah Denham
EKG	Aorta	Aesthetics with Abby Richmond
TEE	Spleen	Stress Test with Tech & Internist
Diagnostic Heart Catheterization	Pancreas	CIMA Breast Center
Renal Doppler	Pelvic	Dr. J. Weiss
Carotid Doppler	Abdomen – Complete	Mammogram
Arterial Doppler		Breast Ultrasound

Patient Last Name: _____ First _____ MI _____

Gender: M / F DOB: ___/___/___ Marital Status: S M D Separated SSN: ___-___-___

Home address: _____ Apt # _____

City: _____ State: MI Zip: _____ Phone: _____ Alt Phone: _____

Spouse Full Name: _____ DOB: _____

Referring Physician: _____ Private Phone # _____ Fax _____

Primary Care Physician: _____ Private Phone # _____ Fax _____

Type of Insurance (Primary) _____ Contract # _____

Subscriber _____ Relationship _____ DOB _____

Type of Insurance (Secondary) _____ Contract # _____

Subscriber _____ Relationship _____ DOB _____

Has this testing been performed before? _____ Date: _____ Location: _____

Please fax completed form to 855-495-5457 and we will contact the patient directly to schedule.

APPOINTMENT SCHEDULING CONFIRMATION

Appt Date:	Time:	With Dr.
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OFFICE USE ONLY

Patient Notified: Yes _____ No _____ Packet Mailed: ___/___/___ Scheduled By: _____

The Group Health Plan within the Capital Internal Medicine Associates,
 PC Employee Benefits Plan complies with applicable Federal civil rights laws
 and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Spanish	ATENCIÓN:	si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-517-374-7600.
Arabic	ملحوظة:	برقم اتصل بالمجان لك توافر اللغوية المساعدة خدمات فإن اللغة اذكر تتحدث كنت إذا 1-517-374-7600