

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:

ULTRASOUND	OTHER TESTING/SPECIALITIES	
Liver	Bone Density	BioTe Medical with Dr. Meier
Kidney/Bladder	Venous or Arterial Dopplers	Photobiomodulation (PBMT) with Dr. Chris Alvarado
Breast	Cardiology with Dr. Michael James	Transcranial
Thyroid	Infectious Disease with Dr. Chris Farnum	Photobiomodulation with Dr. Chris Alvarado
Gall Bladder	OMM with Dr. Sarah Denham	A NEW BEGINNING OB/GYN
Aorta	OMM with Dr. Chris Alvarado	Consult with: Dr. R. Seiler,
Spleen	OMM with Dr. Mark Kidwell	Dr. M. Maser, Dr. J. Mirate,
Pancreas	CIMA Breast Center	Dr. J. Witters or Dr. E. Henning
Pelvic	Mammogram	Intrauterine Insemination (IUI)
Abdomen – Complete	Breast Ultrasound	with Dr. Jacqueline Mirate

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:	إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 1-517-374-7600