

Capital Internal Medicine Associates, P.C.

*A New Beginning OB/GYN *CIMA Breast Center
 *CIMA Main Office *CIMA Primary Care * Haslett Primary Care *Kozmic Family Practice
 **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.****

ULTRASOUND	OTHER TESTING/SPECIALITIES	
Liver	Bone Density	CIMA Breast Center
Kidney/Bladder	Venous or Arterial Dopplers	Mammogram
Breast	Cardiology with Dr. Michael James	Invenia™ ABUS 2.0
Thyroid	Infectious Disease with Dr. Chris Farnum	A NEW BEGINNING OB/GYN
Gallbladder	OMM with Dr. Sarah Denham	Consult with: Dr. R. Seiler,
Aorta	OMM with Dr. Mark Kidwell	Dr. M. Maser, Dr. J. Mirate,
Spleen		Dr. J. Witters or Dr. E. Henning
Pancreas	BioTe Medical with Dr. Meier	Intrauterine Insemination (IUI)
Pelvic		with Dr. Mirate, Dr. Henning &
Abdomen – Complete		Dr. Mirate

Please specify the appointment request:

Diagnosis:

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