Updated 7/7/23			Infectious Diseases & Internal Medicine Associates, PC	505.848.37	que, NM 8710	
RECEI		N:	Incoming Referral Request	t Date:		
					8	
Patient Contact #:			Alternate Phor	ne:		
We will or	lly make 3	attempts	to request needed/additional documentation	on		
Date Requested From			Fax #		Response	Rec'd
					Y	Ν
					Y	Ν
					Y	Ν
					Y	Ν
			osis with Description) :		:	
			mentation <b>Required</b> for referral: (Include al	I that apply)		
Info Info Date			Mark N/A next t	/	tion that d	oes NOT
Needed	Rec'd	Rec'd	appl	y or is NOT a	available	
			Last 3 Office Notes:			
			Labs:			
			Wound Cultures			
			Urinalysis/Urine Cultures			
			Pathology Report			
			MRI (Required for Wounds)			
			СТ			
			X-Ray			
			Demographics			
			Referral			
			Other			

No appointment is approved or can be scheduled until all documentation is received by our office.

\* Failure to provide requested documentation may delay the referral processing \*