Updated 10/02/20

Infectious Diseases & Internal Medicine Associates, PC

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Albuquerque, NM 87109
505.848.3730
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Incoming Referral Request

RECEIVED ON: _____ **Date:** _____

Patient Name: _____ DOB _____

Patient Contact #: _____ Alternate Phone: _____

We will only make 3 attempts to request needed/additional documentation

Date	Requested From	Fax #	Response Rec'd	
			Y	N
			Y	N
			Y	N
			Y	N

Referring Provider: _____ Phone: _____

Fax: _____

Reason for Referral (Diagnosis with Description) : _____

Documentation **Required** for referral: (Include all that apply)

Mark N/A next to all information that does NOT apply or is NOT available

Info Needed	Info Rec'd	Date Rec'd		
			Last 3 Office Notes:	
			Labs:	
			Wound Cultures	
			Urinalysis/Urine Cultures	
			Pathology Report	
			MRI (Required for Wounds)	
			CT	
			X-Ray	
			Demographics	
			Referral	
			Other	

No appointment is approved or can be scheduled until all documentation is received by our office.
Once all documentation is received the medical records will be given to
one of our Infectious Disease physicians for review.