

REGIONAL BRAIN AND SPINE, LLC

Gladys Kamanga-Sollo M.D. Physical Medicine and Rehabilitation

Phone: (573) 332-7746

Fax: (573) 339-9709

Appointment Request Form

To request an appointment for your patient, please complete this form and return via fax to (573) 339-9709 along with:

- | | |
|---------------------------|----------------------|
| 1. Office notes | 4. Imaging reports |
| 2. Medication list | 5. Demographic sheet |
| 3. Copy of insurance card | 6. Order |

Once this information is reviewed, we will contact your patient with an appointment and notify your office of the date.

Patient Information:

Patient Name: _____ DOB: _____

SSN: _____ Sex: Male/Female Phone: Home _____ Cell _____

Address _____ **Is Insurance purchased from Exchange (Affordable Care Act) Y/N

Please circle all that apply:

New Patient-Physical Medicine and Rehabilitation EMG/NCV Uppers/Lowers Left/Right/BIL

Reason for Consult: _____

ICD-10 Code to support medical necessity: _____

Is this a work related injury Yes/No

Is this MVA related injury Yes/No

Does the patient have any implanted devices: Pacemaker, defibrillator, Neurostimulator...ect? Y / N _____

Is the patient currently taking any blood thinning medications? _____

Does the patient have any blood disorders, open wounds or active infections? _____

Requesting Provider Information: Office contact: _____

Provider Name: _____ NPI: _____

Phone: _____ Fax: _____

For office use: Date Appt Requested Rec'd: _____

Appt made by: _____ Appt date and time: _____

Patient notified: Office notified: _____