



FAST TRACK SCHEDULING
Direct Fax: (916) 800-7540

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BOARD CERTIFIED IN INTERNAL MEDICINE
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Phone: (916) 281-2251

INTERNAL MEDICINE REFERRAL

Date: _____

Type of Service Requested: Consultation Evaluate & Treat Medical Clearance

Other (please specify): _____

Reason for Referral: _____

Diagnosis/ ICD: _____

Service/Specialty Requested: _____

REFERRING PROVIDER INFORMATION:

Referred by (MD): _____ Medical Group: _____

Phone: _____ Fax: _____ PCP: _____

Address: _____ City: _____ Zip: _____

This form completed by: _____ Phone: _____

PATIENT INFORMATION (Please provide copy of patient demographics/face sheet):

Last Name: _____ First Name: _____ MI: _____

DOB: _____ Phone: _____ Female / Male

Address: _____

City/ Zip: _____

Insurance: W/C Lien Medpay PPO Other

Attorney Name: _____ Phone: _____ Fax: _____

Primary Insurance: _____ ID #: _____ Group #: _____

Work Comp Carrier _____ Claim #: _____ Date of Injury: _____

WC Adjuster: _____ Phone #: _____ Fax #: _____

Needs interpreter? No/ Yes: Language _____

DOCUMENTATION REQUIRED (Please fax with this form):

Recent/relevant typed clinical notes/test results, I.e. history & physical, MRI/Ct/X-rays results

Proof of insurance

Authorization information (if required)

Allmed Howe

701 Howe Ave, Suite C
Sacramento, CA 95825
Phone: (916) 972-1100
Fax: (916) 800-7540

Allmed Elkhorn

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Sacramento, CA 95842
Phone: (916) 334-1100
Fax: (916) 800-7540

Allmed Sunrise

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Rancho Cordova, CA 95670
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Allmed Rio Linda

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Sacramento, CA 95815
Phone: (916) 468-1100
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Allmed Fair Oaks

6600 Mercy Court, Suite 260
Fair Oaks, CA 95628
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Allmed Roseville

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Roseville, CA 95661
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