



# REFERRING PHYSICIAN FAX FORM

(Unknown Provider)

If this is your first time referring to Stanford Imaging please complete this ONE TIME form for the Medical Staff Office provider data base and fax the form **Attention: Provider Update Office** at (650) 644 0502.

## REFERRING PHYSICIAN INFORMATION

NAME: \_\_\_\_\_

ADDRESS #1: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

OFFICE FAX NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NPI NUMBER: \_\_\_\_\_

LICENSE NUMBER: (Note: For CA license - 5 numbers preceded by an alpha digit) \_\_\_\_\_

SPECIALTY: \_\_\_\_\_

<b>Radiology Scheduling Staff Use Only</b>	Patient Name: _____
	Date of Birth: _____
	Accession #: _____
	Scheduled By: _____ Scheduled Date: _____