



GREATER LANSING

McLaren Family Medicine Resident Clinic

2727 S. Pennsylvania Ave.

Orthopedic Hospital - Second Floor

Lansing, Michigan 48910

Phone: (517) 975-3750

Fax: (517) 975-3755

Family Medicine Resident Clinic Referral Form

PLEASE COMPLETE AND FAX BACK WITH RECORDS TO CLINIC

Referring Physician: _____ Phone: _____ Fax: _____

Patient Name: _____ Date of Birth: _____

Patient Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Physician Requested: Resident _____ Dr. Garcia

Request for: Consult Consult and Treat OMT Procedure _____

Appointment Priority: ASAP Routine (1-2 weeks) Other _____

Reason for Referral/Diagnosis: _____

Insurance Type: BC/BS Medicare BCN Medicaid PHP Aetna

McLaren (Advantage / Medicaid) OTHER _____

Contract #: _____ Group #: _____ Copay \$ _____

Subscriber Name: _____ DOB: _____ Relationship to Patient: _____

Appointment Confirmation:

Appointment Date: _____ Time: _____

Scheduled with Dr. _____

PLEASE FAX TO 517-975-3755 WITH COPIES OF MEDICAL RECORDS, TESTING, X-RAY / MRI / CT SCANS, AND NECESSARY REPORTS.

THIS INFORMATION MUST BE RECEIVED PRIOR TO APPOINTMENT BEING SCHEDULED

