

FAX: 833.918.2049

Date _____ Referring Individual _____

Referring Office Contact Phone # _____

Patient Name _____ D.O.B. _____

Identify attached documents with a check box.

- PATIENT DEMOGRAPHICS (attached)
- APPLICABLE PATIENT NOTES (attached)
- PATIENT INSURANCE CARD front & back (attached)

Choose one (1) appointment request option.

- APPOINTMENT REQUEST FIRST AVAILABLE - NO PHYSICIAN PREFERENCE
- APPOINTMENT REQUEST PHYSICIAN AND LOCATION PREFERENCE

Request a physician with a check box. Sioux Falls is the default appointment location. Additional satellite locations to which each physician visits are available in the location drop-down.

- | | |
|--|--|
| <input type="checkbox"/> Michael J. Adler, MD <ul style="list-style-type: none">• Location | <input type="checkbox"/> Peter A. Looby, MD <ul style="list-style-type: none">• Location |
| <input type="checkbox"/> Gregory F. Alvine, MD <ul style="list-style-type: none">• Location | <input type="checkbox"/> Matthew J. McKenzie, MD <ul style="list-style-type: none">• Location |
| <input type="checkbox"/> Keith M. Baumgarten, MD <ul style="list-style-type: none">• Location | <input type="checkbox"/> Gregory M. Neely, MD <ul style="list-style-type: none">• Location |
| <input type="checkbox"/> James T. Brunz, MD <ul style="list-style-type: none">• Location | <input type="checkbox"/> Erik D. Peterson, MD <ul style="list-style-type: none">• Location |
| <input type="checkbox"/> K. C. Chang, MD <ul style="list-style-type: none">• Location | <input type="checkbox"/> Luke H. Rasmussen, MD <ul style="list-style-type: none">• Location |
| <input type="checkbox"/> R. Blake Curd, MD <ul style="list-style-type: none">• Location | <input type="checkbox"/> Corey P. Rothrock, MD <ul style="list-style-type: none">• Location |
| <input type="checkbox"/> Evan N. Hermanson, MD <ul style="list-style-type: none">• Location | <input type="checkbox"/> Brent R. Thurness, MD <ul style="list-style-type: none">• Location |
| <input type="checkbox"/> Jason L. Hurd, MD <ul style="list-style-type: none">• Location | <input type="checkbox"/> Timothy L. Walker, MD <ul style="list-style-type: none">• Location |
| <input type="checkbox"/> David B. Jones Jr., MD <ul style="list-style-type: none">• Location | <input type="checkbox"/> Eric S. Watson, MD <ul style="list-style-type: none">• Location |
| <input type="checkbox"/> Jeffrey S. Kalo, DO <ul style="list-style-type: none">• Location | <input type="checkbox"/> Matthew K. Wingate, MD <ul style="list-style-type: none">• Location |

CONFIDENTIAL HEALTH INFORMATION ENCLOSED

Health Care Information is personal and sensitive information related to a person's health care. It is being faxed to you after appropriate authorization from the patient, guardian, or under circumstances that do not require patients authorization. Re-disclosure with additional patient consent or as permitted by law is prohibited.

NOTICE

This message is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this information is strictly prohibited. If you have received this message by error, please notify us immediately and destroy the related message.