

Dear Referring Providers:

Due to the increased amount of referrals our office receives, we have changed our scheduling process.

We ask that you complete the attached form and fax it to us @ (410) 742-1906 with the following items:

- ❖ **Current demographic sheet**
- ❖ **Insurance referral, if required by the patients insurance carrier**
- ❖ **Copy of the most recent insurance cards (front AND back)**
- ❖ **Office notes pertaining to the reason for the referral**
- ❖ **Most recent radiology studies and/or blood work pertaining to the reason for the referral**

Once the information has been received, we will review it and contact the patient regarding an appointment day and time.

Thank you so much! We appreciate the trust you place in us with your referrals to our practice.

Sincerely,



James R. Gaul, MD



Michael J. Kelleher, MD



Daniel J. Kelley, MD