

****THIS REQUEST MUST BE ACCOMPANIED BY CONSULT OR F/U NOTES OR MAY CAUSE A DELAY IN PROCESSING****

REQUEST IS: Emergent (STAT) Urgent (ASAP) Elective (ROUTINE)

Please fax your request to the PCP office at the appropriate fax number below:

Aliso Viejo: Fax # 714-665-4626	Anaheim: Fax # 714-665-4625	Costa Mesa: Fax # 714-665-4624
Fountain Valley: Fax # 714-665-4623	Irvine: Fax # 714-665-4622	Mission Viejo Madero: Fax # 714-665-4621
Rancho Santa Marg: Fax # 714-665-4620	San Juan Cap: Fax # 714-665-4619	Santa Ana: Fax # 714-665-4692

Requesting Provider Info:	
Specialty of Provider:	Use Office Stamp OR fill in info below:
Office Contact Name:	Provider/Group Name:
Phone:	Address:
Fax:	

PATIENT NAME: _____ DATE OF BIRTH: _____ BPMG PCP: _____
 BPMG MEDICAL RECORD #: _____ LAST DATE SEEN AT YOUR OFFICE: _____

SERVICES REQUESTED:

(One service item per line below)

CPT Code:	Brief Description of CPT Code/Service Requested:	ICD-9 Code:	ICD-9 Code Description:	For Procedures:	
				Facility Name:	Inpt or Outpt?

ADDITIONAL INFORMATION NEEDED FOR OBSTETRICAL CARE REQUESTS:

LMP DATE:	# OF ULTRASOUNDS AND/OR NST'S ALREADY PERFORMED BY YOUR OFFICE:
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Additional Notes: _____

Date of Request: _____