OVERLAKE INTERNAL MEDICINE ASSOCIATES

Hope Druckman, M.D. Jill Enright, M.D. Allen Geltzer, M.D. Gene Hao, M.D. Joseph Lee, M.D.
Trish Martin, M.D. Marc Mitchell, M.D. Sandra Rice, M.D. Darshana Shanbhag, M.D.
1407 116th Avenue NE, Suite 200, Bellevue, Washington 98004

Phone: (425) 990-5222 / Fax: (425) 450-6153

To request a procedure, please complete this form and fax it to (425) 450-6153.

You will receive a confirmation fax once the appointment has been scheduled. Patients should hear from us within 48 hours of receipt.

Please initiate an insurance referral if needed.

Patient Name ________________________________

(home) ________________________________

(work) ________________________________

Date of Birth _______/_______/_______

If this patient needs an interpreter, what language?

REQUEST FOR:

☐ **DEXASCAN 77080**
Note: Lumbar spine and left hip scans will be performed as the standard test.

☐ **BLADDER ULTRASOUND 76775**

☐ **LUNG SPIROMETRY 94010 – Screening Test**

☐ **ABPM (AMBULATORY BLOOD PRESSURE MONITORING – 24 HOUR) 93784**
Diagnosis: 796.2 Elevated BP w/out diagnosis of hypertension OR Other: __________________________

Frequency of Monitoring: Awake ☐ 5min ☐ 10min ☐ 15min ☐ 20min ☐ 30min
☐ 45min ☐ 60 min ☐ 90min ☐ 120min
Asleep ☐ 5min ☐ 10min ☐ 15min ☐ 20min ☐ 30min
☐ 45min ☐ 60 min ☐ 90min ☐ 120min
Give patient ability to self start? ☐ Yes ☐ No
Display readings to patient? ☐ Yes ☐ No

☐ **EKG 93000**

☐ **NEBULIZER TREATMENT 94640**

Requested by ______________________________ **M.D./A.R.N.P. Signature** ________________________________

Date______________________ **Phone** ____________________________**Fax** ___________________________

Diagnosis/Reason for Procedure:
____
____

(FOR OIMA USE ONLY)

To the referring physician:

The above patient has been scheduled for a ___________________________**on** _____/_____/______**at** ________**AM / PM**

Please contact the procedure technician with any questions at (425) 974-7629.