



APPOINTMENT REFERRAL RECAP

Date: _____ Time: _____ AM/PM
Physician
To: _____ Office: _____
Fax: _____ # Pages (incl cover) _____
From: _____
Patient Name: _____ DOB: _____
Exam: _____

Thank you for the referral of the above-named patient. Unfortunately, the requested procedure is incomplete. The following effort(s) was/were made to perform the requested procedure.

- Your patient has been contacted by phone three times and has failed to respond to our office to schedule an appointment. Please advise how you would like us to proceed.
- Patient's telephone number has been disconnected.
- Patient was rescheduled at their request. Their next appointment is: _____
- Patient wishes to schedule/reschedule at his/her convenience.
- Patient was unable to complete exam due to pain.
(Patient will call you to request pain medication)
- Patient was unable to complete exam due to claustrophobia.
(Patient will call you to request medication)
- Patient had the procedure performed already at another facility.
- Patient did not show up at scheduled appointment; we are attempting to reschedule.

We will place this patient's paperwork in a hold folder. If you wish to handle this patient's referral in a different manner, please contact us at **(480) 598-9700**.

THANK YOU AGAIN FOR YOUR ASSISTANCE! WE APPRCIATE YOUR BUSINESS AND CONSIDERATION.