

Referral Request

ALIX CHARLES DPM, PA
810 South State Road 7
Plantation, FL 33317
PHONE: 954-766-4384
FAX: 954-703-4515
NPI: 1023114600
TAX ID: 264286044

PATIENT INFORMATION:

Last Name: _____

First Name: _____

MI: _____

DOB: _____

Phone: _____

Gender: MALE / FEMALE

REASON FOR REFERRAL:

Diagnosis/ICD: _____

Service/Specialty Requested: **PODIATRY**

Physician Requested: **DR ALIX CHARLES**

Type of Service Requested:

<input type="checkbox"/> Consultation	<input type="checkbox"/> Lab Services
<input type="checkbox"/> Follow up	<input type="checkbox"/> Surgery
<input type="checkbox"/> Other (please specify): _____	

DATE OF APPOINTMENT: _____

CPT: **99214**