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:
- ☐ Consultation
- ☐ Lab Services
- ☐ Follow up
- ☐ Surgery
- ☐ Other (please specify): _____________________

DATE OF APPOINTMENT: ____________________

CPT: **99204 (FIRST VISIT)**
99214 (FOLLOW UP)