

Michigan Brain and Spine Institute, P.C.

Scheduling Request

FAX: 734-445-1696

Phone: 734-434-4110 x 51677

Date: ___/___/___



Appointment Type:

___ Next available appointment with appropriate MD/PA, or

___ Next available appointment with preferred MD*: _____

*OK to see another MD/PA if appointment on an earlier date?

___ yes ___ no

___ **ASAP appointment:** Reason for ASAP:

Ypsilanti Office
Neurological
and Spine Surgery
Geoffrey M. Thomas,
Jason A. Brodkey, MD
Martin J. Buckingham

Spine and
Orthopedic Surgery
Mark H. Falahee, MD
Douglas F. Geiger, MD

Pediatric Spine Surge
Douglas F. Geiger, MD

Michigan Orthopedic
5315 Elliott Drive
Suite 102
Ypsilanti, MI 48197
734 434-4110
734 572-9455 FAX
734 434-1966 FAX
1-800-824-9253

Chelsea Office
Spine and
Orthopedic Surgery
Jeffrey S. Pinto, MD

Chelsea Specialty Cli
775 South Main Str
Chelsea, MI 48118
734 433-4504
734 433-4505 FAX

With offices in Chel
and Brighton

A Professional
Corporation

Patient's name: _____

Attach demographic sheet or complete the following

Address: _____

City: _____ State: _____ Zip: _____

Home: (____) _____ Work: (____) _____

Cell: (____) _____ D.O.B.: ____/____/____

E-Mail Address: _____@_____

Soc. Sec. Number: _____ - _____ - _____

Insurance type: _____

Group: _____ Contract #: _____

Completed Studies: (*Please fax all reports with scheduling request*)

___ MRI, ___ CT SCAN, ___ Myelogram, ___ EMG, ___ OTHER: _____

Diagnosis/Reason for Referral: (*Please specify; do not write "see attached")

Referring Physician: _____

Office Contact: _____ **Phone:** (____) _____

***Please fax all applicable office notes and reports. We need this information to schedule your patient's appointment with the appropriate practitioner.**

Thank you!