

Dear Referring Providers,

Due to the increased amount of referrals our office receives, we have changed our scheduling process.

Going forward, we ask that you complete the attached form and fax it to us at (410) 742-1906 with the following items:

- Current demographic sheet
- Insurance referral, if required by the patient's insurance carrier
- Copy of the most recent insurance cards (front and back)
- Office notes pertaining to the reason for the referral
- Most recent radiology studies and/or blood work pertaining to the reason for the referral

Once the information has been received, we will review it and contact the patient regarding an appointment day and time.

Thank you so much! We appreciate the trust you place in us by referring your patients to our practice.

Sincerely,

James R. Gaul, M.D.

Michael J. Kelleher, M.D.

Daniel J. Kelley, M.D.

Revised June 2019