

David A. Detrisac, M.D.
Erich E. Hornbach, M.D.
Brian R. McCardel, M.D.
Michael P. McDermott, M.D.



Kenneth M. Morrison, M.D.
Gregory M. Uitvlugt, M.D.
Abbas Zand, M.D.
Bone Density Center

New Patient Request

IF YOU RECEIVE THIS FAX IN ERROR OR THERE IS A PROBLEM WITH ITS TRANSMISSION,
PLEASE CONTACT EAST LANSING ORTHOPEDICS AT (517)394-3200

Patient Name: _____ Birthdate: _____
(First, M.I., Last)

Parent/Guardian for minor child: _____

Address: _____
(Number, Street, City, and Zip code)

Home Phone: _____ Work Phone: _____ Cell phone: _____

Insurance Coverage: _____

*****Worker's Comp and Medicaid HMO Plans require prior written authorization
before an appointment is scheduled; please include with request *****

Requesting Physician: _____

Phone: _____ Fax: _____ Contact Person: _____

Requesting to: Detrisac McDermott Zand
 Hornbach Morrison Bone Density Test
 McCardel Uitvlugt

Diagnosis: _____ Right Left Bilateral

*** WE DO NOT SEE ANY BACK, NECK OR RIB PROBLEMS ***

Date of Injury _____ Any previous surgery? Yes No (Include any copies of test results or surgeries)

Patient needs to be seen: Urgent (1-2 days) ASAP (1 week) Next available (1-3 weeks)

Appointment scheduled on: Date: _____ Time: _____ am / pm

By: _____ With Dr. _____

*** Please have patient bring X-rays and medical records to his/her appointment ***