

***YOU HAVE REQUESTED AN APPOINTMENT FOR:***

Today's Date: \_\_\_\_\_

Patient's Phone Number: \_\_\_\_\_

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

REFERRING PROVIDER: \_\_\_\_\_

PCP: \_\_\_\_\_

***REASON FOR VISIT: (DAC will provide authorization services):***

☐ **Infusion/Injection ONLY** Please send the orders, relevant testing/labs and office notes

☐ **Evaluate and Treat** Reason: \_\_\_\_\_

☐ **Consult only** Reason: \_\_\_\_\_

☐ ***REQUESTED PROVIDER - Please Circle Site / Doctor:***

|                    |                         |                          |
|--------------------|-------------------------|--------------------------|
|                    | Ryan Antolini, M.D.     | Greg Barron, M.D.        |
| First Avail. Appt. | Adam Berlinberg, M.D.   | Prateek Chaudhary, D.O.  |
| Lowry Office       | Dave DeFrancisco, M.D.  | Kristen Demoruelle, M.D. |
| Lone Tree Office   | Perry Fuchs, M.D.       | Timothy Gensler, M.D.    |
|                    | Barbara Goldstein, M.D. | Stephen Murphy, M.D.     |
|                    | Kim Tyler, M.D.         | Annemarie Whiddon, M.D.  |

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Provider Phone: \_\_\_\_\_

Provider Fax: \_\_\_\_\_

Please fax the form with correlating medical records to 303-302-7441 and have patient call for appointment at 303-394-2828.