



# PHYSICIAN PREFERENCES

If the physician practices in more than one location, please complete a form for each location.

## PHYSICIAN INFORMATION

NAME: \_\_\_\_\_

SPECIALTY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NPI: \_\_\_\_\_ TAX ID: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

MAIN CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## PHYSICIAN REQUIREMENTS *(check all that apply)*

### PHYSICIAN WOULD LIKE:

PACS PORTAL ACCESS *(see brochure for application)*       CDS TO BE SENT WITH PATIENT

PHYSICIAN PREFERS TO USE:       EMR       REFERRAL FORMS

INFORMATION ONSITE:       APPOINTMENT CARDS       BROCHURE W/ MAP

### PHYSICIAN'S STAT RESULTS REQUIREMENTS:

CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
(Business hours)

CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
(After hours)

ADDITIONAL SPECIAL REQUIREMENTS: \_\_\_\_\_

Please complete and fax to Lakeside MRI & Diagnostic Health at 281-554-8407 today!