

Yakima Vascular Associates

CONSULTATION REQUEST FORM

Justin A Robinson, M.D. Lorena De Marco Garcia, M.D. Next Available
*Please check box to indicate provider preference

Patient Information		
Patient Name _____	DOB: _____	
<input type="radio"/> Male <input type="radio"/> Female	Social Security Number _____	
Address _____	City _____	Zip _____
Home # _____	Work # _____	Cell _____
Fluent Language if not English _____	Interpreter? <input type="radio"/> Yes <input type="radio"/> No	

Referring Office	
Referring Provider _____	Contact Person _____
Office Phone _____	Office Fax _____
Diagnosis _____	
Referring Provider NPI # _____	

Patient Insurance Information		
Primary Insurance _____	Id # _____	Group # _____
Policy Holder _____	DOB _____	Relationship _____
Secondary Insurance _____	Id# _____	Group # _____
Policy Holder _____	Id# _____	Group # _____
Insurance Auth # _____	Effective Dates _____	Visits _____

YVA Office Use Only	
Patient's Appointment Date _____	
Patient's Appointment Time _____	
Patient Informed <input type="radio"/> Yes <input type="radio"/> No	_____

Please complete this form and include any chart notes, lab reports, x-ray/radiology reports, or any other studies and fax to (509) 453-3468.

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