



Elm & Carlton Streets | Buffalo, NY 14263

New Patient – FAST FAX REFERRAL – FAX 716-845-3592

For New Patient Appointments Please Call **716-845-3516**
Monday-Friday 8:00 am - 4:30 pm

Last Name	First	MI	DOB
Social Security #	Telephone #	Other Telephone #	
#/Street			

City	State	Zip
Referring Physician	Insurance	

Phone: (_____) _____ - _____ ID # _____

Address: _____ Insured's Name _____

Diagnosis and/or reason for visit _____

PLEASE FAX DIAGNOSTIC STUDIES, MOST RECENT NOTES AND INSURANCE CARD.
Please fax completed form and records to **716-845-3592**

Please Check one:

RPCI will contact patient with appointment date and time and then notify referring MD office.
 Contact Name: _____
 Contact Number: _____

OR

RPCI will contact referring physician with appointment date and time and they will contact patient
 Contact Name: _____
 Contact Number: _____

Physician Information:

Please indicate Physician Requested—if Applicable