KATRANJI HAND CENTER
Great Care. Gentle Approach.

Consult Request Form

□ ER
□ URGENT (1-2 Days)
□ ASAP (1 Week)
□ 1st Available

Consultation From	Consultant
Physician: _____ **Address:** _____ _____ **Phone:** _____ **Fax:** _____	**Physician:** □ First available □Abdalmajid Katranji, MD □William Huettner, MD **Address:** 2111 Merritt Road Suite 101 East Lansing, MI 48823 **Phone:** (517) 332-4263 **Fax:** (517) 332-1132

Patient Information

Patient's Legal Name_____

Date of Birth _____/_____/_____SSN _____-_____-_____ Gender □ M □ F

Home Address_____

City_____State_____Zip_____

Home Phone # _____ Work/Cell Phone #_____ Other_____

Parent/Guardian_____Relationship to Child_____

Parent/Guardian SSN _____-_____-_____ □ (check box if home address is same as above)

Home Address_____City_____State____Zip_____

□ Work Related □ Auto Accident Date of Injury/Accident:_____

Insurance Information

Primary Insurance	*Secondary Insurance*
Health Plan_____	Health Plan_____
Subscriber Name_____	Subscriber Name_____
Contract/Subscriber #_____	Contract/Subscriber #_____
Group #_____	Group #_____
Contact #_____	Contact #_____
Claim #_____	Claim #_____

Reason For Appointment

Signs and Symptoms:

Notes/Requests

Physician's Signature: _____ **Date:** _____

Please Fax Back To (517) 332-1132