

**McLaren Bay Physical Medicine & Rehabilitation**

**Venkata Etha, MD**

**Phone: (989) 667-6650**

**Fax: (989) 667-6660**

**Bay City**

3190 E. Midland Rd.  
Bay City, MI 48706

**West Branch**

2110 M-76 Suite 9  
West Branch, MI 48661

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**To schedule a new patient appointment, please complete this form and fax to our office with the following information:**

- Current Insurance Card(s)
- Auto or Work Comp. Open & Billable Letter
- Office Notes
- Diagnostic Imaging Reports

When the referred patient is scheduled, we will inform your office of the date and time. **The patient will be scheduled one time. If the patient cancels or no shows for their appointment, it will be their responsibility to reschedule the missed appointment.**

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

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Subscriber: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient ID: \_\_\_\_\_ Group Number: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ Subscriber: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient ID: \_\_\_\_\_ Group Number: \_\_\_\_\_

Diagnosis/Chief Complaint: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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**Office Use Only**

Preferred Office Location: BAY CITY OR WEST BRANCH

Type of Appointment Requested: Evaluation                      EMG-Upper                      EMG-Lower

Appointment Scheduled: \_\_\_\_\_ at \_\_\_\_\_ AM/PM Location: \_\_\_\_\_