

# AMMA-PMD SCHEDULING FORM

## Fax to 1-888-357-1253

Testing Date    M T W TH F S         /      /     

Physician Name \_\_\_\_\_  
 Office Address \_\_\_\_\_  
 City, State, ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Contact: \_\_\_\_\_

### **IMPORTANT**

**1 hour for a single test (upper or lower profile)**

**2 hours and for a double test (upper and lower profile on the same patient)**

**Fax this sheet, Certifications of Medical Necessity, Patient Referral & Intake forms and the patients' insurance cards to 1-888-357-1253. If you have any questions, please call 1-888-357-1254**

## Fax to 1-888-357-1253

TIME	PATIENT NAME	TESTING PROFILE
_____ am	_____	<input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Both
_____ am	_____	<input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Both
_____ am	_____	<input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Both
_____ am	_____	<input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Both
_____ am	_____	<input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Both
_____ am	_____	<input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Both
_____ am	_____	<input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Both
_____ am	_____	<input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Both
_____ Please allow time for lunch break		
_____ pm	_____	<input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Both
_____ pm	_____	<input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Both
_____ pm	_____	<input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Both
_____ pm	_____	<input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Both
_____ pm	_____	<input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Both
_____ pm	_____	<input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Both
_____ pm	_____	<input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Both