



Physicians Affiliated with Practice _____

Date: _____

Contact Information of Physician/Practice. You only need to provide the practice name, address, etc. once. For each individual physician, however, please provide name, pager, cell phone, etc.

Practice name:

Address:

Phone:

Fax:

Answering Service:

Physician:

Pager:

Cell phone:

Home

Email address:

Preferred Method of Communication:

Notification of Admissions: Phone _____ Pager _____ Email _____ Fax _____

Notification of Discharges: Phone _____ Pager _____ Email _____ Fax _____

Do you prefer to be called directly at home after hours and on weekends? Y or N

Coverage Preference:

If I am unavailable, _____ phone number _____

will generally cover for me.

Notification Preference: (For ED purpose only)

_____ Call only if my patient is admitted.

_____ Call me if my patient is discharged and requires timely follow-up.

_____ Call me when any of my patients are seen in the Emergency Department

Please fax back to Robin Grujovski at 248-354-4807



Preferred Consultants by Specialty:

Date:

First Choice

Backup

Cardiology	_____	_____
General	_____	_____
Interventional	_____	_____
Cardiothoracic	_____	_____
Dermatology	_____	_____
Endocrinology	_____	_____
ENT	_____	_____
Gastroenterology	_____	_____
Hematology/Oncology	_____	_____
Infectious Disease	_____	_____
Neurology	_____	_____
Neurosurgery	_____	_____
OB/Gyn	_____	_____
OMFS	_____	_____
Ophthalmology	_____	_____
Orthopedic	_____	_____
Plastics	_____	_____
Pulmonary/CCM	_____	_____
Rheumatology	_____	_____
Surgery, general	_____	_____
Surgery, hand	_____	_____
Surgery, podiatric	_____	_____
Urology	_____	_____

PLEASE FAX BACK TO Robin Grujovski 248-354-4807. Thank you.

ACADEMIC INTERNAL MEDICINE SPECIALISTS

28411 Northwestern Highway, Suite 1050 • Southfield, MI 48034

Phone: (248) 354-4709 • Fax: (248) 354-4807

www.aimshospitalists.com