First-Time Referring Physician Setup Form
This form is to be completed the first time any non-SETON medical staff member orders any type of non-invasive outpatient service, such as: laboratory tests, radiological procedures, physical therapy, etc. This information is for data system setup and for license status verification,

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I.D. INFORMATION	on medical line	ancal:	Sex:		Dec	ree/Title:
Practitioner Name (as shown on medic Last: First: Specialty: Med				( <u> </u>	MD MD	
		Social Security Nu 000 -00 -000			Date of Birth; 00/00/00	
PRACTICE INFORMAT	ON					
Practice Type: [☐] Solo [☐] Group	1,152,005,813,805,803	ne (if applicable):	1 2 7 7 7 7			
Office Phone:	Office Fax:	:	Contact	Person:		
Office Address:			City:		St.:	Zip:
LICENSE INFORMATIO	N	The same				
Texas Medical License Number: TXB		UPIN (Unique Physician Identification Number):		NPI (National Provider Identifier		
SETON FACILITIES						
Please indicate the Facilities a	t which you ar	e likely to order outpar	ient services:			
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