

Charles G. Godoshian, M.D., F.A.C.P.

27177 Lahser Rd., Suite 104 Southfield, MI 48034

TEL 248-353-0882 FAX 248-353-0883

Your insurance company now requires that this information be placed in your medical chart.

Please provide the names and city of the physicians who participate in your healthcare.

NAME: _____

	<u>Name</u>	<u>City or Phone</u>
Allergy	_____	_____
Cardiology	_____	_____
Dentist	_____	_____
Dermatology	_____	_____
Endocrinology	_____	_____
ENT	_____	_____
Gastroenterology/Colorectal	_____	_____
General Surgery	_____	_____
Hematology	_____	_____
Neurology	_____	_____
Nephrology	_____	_____
Ob/Gyn	_____	_____
Oncology	_____	_____
Ophthalmology	_____	_____
Orthopedic	_____	_____
Psychiatry/Psychology	_____	_____
Pulmonary	_____	_____
Rheumatology	_____	_____
Therapy	_____	_____
Urology	_____	_____
Vascular Surgery	_____	_____
Other _____	_____	_____

Where do you get your durable medical equipment and supplies? _____