



OAKLAND

INTERVENTIONAL RADIOLOGIST CONSULTATION

Name: _____

Date of Birth: _____

Your physician has requested that you make an appointment for the following consultation and/or procedure _____ at:

Kellam & Associates, P.C.
McLaren Oakland
50 N. Perry Street
Pontiac, MI 48342

To schedule an appointment, call (248) 338-5604

Referring Physician is Dr. _____

MO-323 (10.17)



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