



DesertDoctors

YOUR DIRECT LINK TO PRIMARY AND SPECIALTY DOCTOR CARE

PHYSICIAN PROFILE - TEMPLATE

PHYSICIAN PHOTO

Jpeg/tif format required!

Send to dale@rmpain.com

Doctor Name: _____

Education: _____

Board Certification: _____

Areas of Practice (**Specialty**): _____

Professional Membership and Associations: _____

Languages: _____

Additional Information: _____

Office Locations: _____

Office Phone/Fax: _____

Practice website(s) URL: _____

NOTE: Please also submit a list of the insurance contracts you currently have in the practice.