



63<sup>RD</sup> EDITION

# THE WASHINGTON PHYSICIANS DIRECTORY

1775 K Street NW, Suite 600, Washington, DC 20006 202-739-2440 Fax 202-739-2439 [wpd@wpdnetwork.com](mailto:wpd@wpdnetwork.com)

## M.D. / D.O. LISTING FORM

The Washington Physicians Directory is the only information source designed specifically for the health care community servicing the entire metropolitan Washington area.

For your FREE listing, please complete this form and submit your listing online, or e-mail [wpd@wpdnetwork.com](mailto:wpd@wpdnetwork.com) or fax 301-739-2439.

### GENERAL INFORMATION

Name: \_\_\_\_\_

Medical School: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

National Provider Identifier (NPI): \_\_\_\_\_

\*License Number DC \_\_\_\_\_ MD \_\_\_\_\_ VA \_\_\_\_\_

### MEDICAL SPECIALTIES & CERTIFICATIONS (Maximum of 4)

Please check if you are certified and note the organization. ABMS Other

Primary Specialty: \_\_\_\_\_

2nd Specialty: \_\_\_\_\_

3rd Specialty: \_\_\_\_\_

4th Specialty: \_\_\_\_\_

### FOREIGN LANGUAGES SPOKEN

Please list the language(s) in which you are sufficiently fluent to deal with patients on a doctor/patient level or with the assistance of an interpreter  Check if you use an interpreter

1. \_\_\_\_\_  3. \_\_\_\_\_

2. \_\_\_\_\_  4. \_\_\_\_\_

### HEARING IMPAIRED INFORMATION

I am able to treat patients on a doctor/patient level in American Sign Language (ASL)

Other Language: \_\_\_\_\_

I have an interpreter in the office

I have TDD equipment in the office, the number is: \_\_\_\_\_

### ADDRESS & PHONE NUMBER INFORMATION

You may list two other numbers per address. Be certain to code them:

A=answering service

B=beeper or pager

C=cell

E=emergency

F=fax

L=fax lab results

N=new patients

O=other office

P=physician only

R=referrals

S=schedule/appt/procedures

T=text

V=voice mail

X=therapy fax

\$=billing

8=toll free number

Primary Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone2: \_\_\_\_\_  Phone3: \_\_\_\_\_

Email: \_\_\_\_\_

2nd Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone2: \_\_\_\_\_  Phone3: \_\_\_\_\_

3rd Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone2: \_\_\_\_\_  Phone3: \_\_\_\_\_

4th Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone2: \_\_\_\_\_  Phone3: \_\_\_\_\_

\*License information is not published