



63RD EDITION

THE WASHINGTON PHYSICIANS DIRECTORY

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HEALTH PRACTITIONER/GROUP PRACTICE 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 or fax 301-739-2439.

GENERAL INFORMATION

Practice Name: _____

Type of practice: Solo Physician Group Health Practitioner Specialty

National Provider Identifier (NPI): _____

*License Number DC _____ MD _____ VA _____

SPECIALTIES (Maximum of 4)

1st 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 practitioner/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