Referral Process for Dr. Karami, MD Psychiatrist

Please fax in patients info to **480-366-4505**

* Face sheet
* Current Dr. Orders
* Signed Consent form from pt. family to treat the resident
* A phone number to the pt. nurse
* Pt. clinical for authorization purposes *(what type of behaviors is pt. exhibiting ect.)*

Any questions please call Teri at 480-353-1686.