NAMJ, Inc.
351 West Jefferson Boulevard, Suite 730
Dallas, Texas 75208

(877) 284-2948
fax (214) 231-9030
www.namj.com

Peer Review Request Form

Organization Name: _____

Street: _____ Suite: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Contact Title: _____

Contact E-mail: _____ Contact Telephone: _____

Specialty (e.g., thoracic surgery): _____

Inches of Records (round up to next ¼"): _____

Medical Record/Identification Number: _____

Report Delivery Speed: _____ Standard (30 days) _____ Rush (14 days)

Specific Issues to Address and Instructions (use box below). A general standard of care review will be delivered unless otherwise specified.

For NAMJ Use Only

PID SAM EN

Additional Comments