

CONSULTATION AND REFERRAL REQUEST

Date: _____

Patient: _____

Referring Physician: _____

Referred to: _____

Tentative Diagnosis: _____

Priority:

- Emergency
- 72 Hours
- Routine

Requested Involvement:

- Evaluate and return patient with recommendations for management.
- Evaluate and treat for this particular problem, then return patient.
- Assume management of patient within your field of expertise.

If Surgery or Special Procedure is Indicated:

- Please notify referring physician as he wishes to participate.
- Please proceed without participation of referring physician.

History:

Positive Physical Findings:

Lab and X-ray Findings:

Medication or Procedures Already Utilized:



Other Information:

- Pertinent lab and x-ray reports are enclosed.
- The patient will hand carry pertinent lab data or x-rays for your review.
- Pertinent lab or x-rays pending at the time of this referral

Signed