

TODAY'S DATE _____

Clinic or Service to which you are sending a patient: _____

Physician Preference (if applicable): _____

- CONSULTATION** (Requesting consultation for a specialty opinion which will be used by the sending physician in care management with or without co-management of care by the specialist)
- TRANSFER OF CARE:** (Requesting a specialty evaluation and subsequent management of a problem by the specialist alone).

PLEASE PRINT CLEARLY AND FILL OUT COMPLETELY

Patient Name: _____ Patient's SSN: _____

Authorized Contact Person (if different from Pt.): _____ DOB: _____ SEX: M F

Mailing Address: _____ City: _____ State: _____ Zip: _____

Preferred Phone Number: _____ Alt. Number: _____

Insurance Company: _____ Ins. Co. Phone Number: _____

Policy/ID #: _____ Group #: _____ Employer: _____

If patient is a child, it is **REQUIRED** to include Guarantor/Guardian Information

Subscriber/Guarantor Name: _____ Subscriber/Guarantor DOB: _____

Subscriber/Guarantor SSN: _____ Subscriber/Guarantor Phone Number: _____

Subscriber/Guarantor Address: _____ Relation to Patient: _____

Authorization Information* (e.g.#,# visits allowed, expiration date): _____

*If Authorization is required, requesting physician/clinic must complete prior to sending request for appointment.

Requesting Physician Information

Name (Last, First, MI)	Specialty	NPI	
Mailing Address	City	State	Zip
Phone Number	Fax Number		
Contact Person	Person completing form		

Would you like to see the patient back in follow-up? Yes No

Primary Care Physician Information Same as above (If different, please complete below)

Name (Last, First, MI)	Specialty	NPI	
Mailing Address	City	State	Zip
Phone Number	Fax Number		
Contact Person	Person completing form		

Reason for appointment (Required):

Studies / Procedures requested: _____

Diagnosis/Problem/ICD-10: _____

Medications currently on: _____

All applicable clinical notes, recent lab work, radiological interpretations, copies of front and back of insurance cards, and any other pertinent information should accompany this request.