



Request for Consultation

Affix Label Here

A consultation with Dr. _____ is requested for the above named patient.

The patient is referred to the Consultant for:

- A Consultation Only
- B Consultation & Support Care (during the acute phase)
- C Consultation & Total Care

Physician's Signature: _____

Date: YYYY/MM/DD

Patient Referred Back to Attending Physician:

Consultant's Signature: _____

Date: YYYY/MM/DD

Comments:

Appointment Date: _____ Time: _____

Location: _____

Instructions: _____