



Specialist Consultation Request

Columbia, SC
(803) 227-4844
1 Wellness Blvd, Ste 104
Irmo, SC 29063

Fax this form to (704) 319-2116 to request a consultation.

To obtain an appointment for your patient please complete the first two sections below. We will contact the patient to schedule their appointment and fax the tracking information back to you for your records. Please forward any office notes, labs and imaging reports that are pertinent to this patient's diagnosis.

1. Requesting Provider Information:

Today's Date: _____ Phone #: _____
Practice Name: _____ Fax #: _____
Referring Physician: _____ NPI # _____
Group NPI #: _____ Prepared by: _____

2. Patient Information:

Patient's Name: _____
Address: _____
Preferred Phone #: _____
Insurance Co/Primary: _____
Telephone #: _____
Secondary Ins Co: _____
Telephone #: _____
Referral / Authorization #: _____
of Visits Authorized: _____

Diagnosis/ Complaint: _____
Gender: Male Female DOB: ___/___/___
City, State, Zip: _____
Cell #: _____
I.D./Subscriber #: _____
Group #: _____
I.D./Subscriber #: _____
Group #: _____
Expiration Date of Authorization: / /___

Requested Physician/Specialist _____

Orthopedics

Location Requested: Columbia, SC

Appointment Scheduled: Date: _____ Time: _____