



Specialist Consultation Request

Greensboro
1331 N. Elm Street
Ste. 101 Greensboro, NC 27401
Phone (336) 274-6718
Fax (336) 274-6992

Fax this form to (336) 274-6992 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: _____ Phone #: _____
NPI #: _____ Prepared by: _____

2. Patient Information:

Diagnosis/ Complaint: _____

Patient's Name: _____ DOB: ___/___/___
Address: _____ City, State, Zip: _____
Preferred Phone #: _____ Cell #: _____
Diagnosis/ Complaint: _____
Insurance Co/Primary: _____ I.D./Subscriber #: _____
Telephone #: _____ Group #: _____
Secondary Ins Co: _____ I.D./Subscriber #: _____
Telephone #: _____ Group #: _____
Referral / Authorization #: _____ Expiration Date of Authorization: ___/___/___
of Visits Authorized: _____

Requested Physician/Specialist _____

(check one)

Orthopedics

Pain Management

Appointment Scheduled: Date: _____ Time: _____