DOCTOR _____ IS REQUESTED TO EXAMINE THIS PATIENT WITH

REFERENCE TO: _____

_____ ATTENDING PHYSICIAN

____ CONSULTATION ONLY

____ CONSULTATION AND ASSIST IN MANAGEMENT

____ CONSULTATION AND MANAGEMENT OF SPECIFIC PROBLEM

CONSULTANT NOTIFIED:

Date: _____ **Time:** _____ **Person Notified :** _____ **By:** _____

FINDINGS/RECOMMENDATIONS: _____

_____ Consulting Physician

_____ Date

_____ Time

CONSULTATION

University Hospital

ADDRESSOGRAPH

Q124 #120874
Rev 2/94

WHITE-Chart YELLOW-Consultant PINK-Attending