

CONSULTATION RECORD

PATIENT IDENTIFICATION

CONSULT NOTIFIED by:			DATE NOTIFIED:	TIME: NOTIFIE	(Military Time)
METHOD of: NOTIFICATION: FAX		TEL		ANSWERING SVC	
TO CONSULTING SERVICE or PHYSICIAN:			DATE REQUESTED:	TIME:	(Military Time)
REASON FOR REQUEST:					
REQUESTING PHYSICIAN (Print):					
		REPO	RT		
		RECOMMEN	DATIONS		
	☐ YES	REQUESTING PHYSICI	AN	☐ AGREE □	ATE:
NURSE Notified PHYSICIAN ? CONSULTANT (Signature):	□ NO	REQUESTING PHYSICI (Signature):	DATE	DISAGREE TIME:	(Military Time)
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PART OF THE MEDICAL RECORD