



Specialist Consultation Request

Charlotte
(704) 541-3055
10460 Park Road
Charlotte, NC 28210

Monroe
(704) 289-4595
701 E. Roosevelt Blvd.
Monroe, NC 28112

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:

Diagnosis/ Complaint: _____

Patient's Name: _____ Gender: Male Female DOB: __/__/__
Address: _____ City, State, Zip: _____
Preferred Phone #: _____ Cell #: _____
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 _____

Orthopedics

Rheumatology

Pain Management

Location Requested: (circle one) **Charlotte** **Monroe**

Appointment Scheduled: Date: _____ Time: _____