


We have scheduled the appointment with Dr. \_\_\_\_\_ on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.

 <b>CONSULT REQUEST ORDER</b>	200 Spruce Street #100, Denver, CO 80230 Phone: 303-394-2828 Fax: 303-320-0242
	Meridian Location: 9570 S. Kingston Ct #220, Englewood, CO 80112 Phone: 303-762-6300 Fax: 303-703-0169
FAX:	Kenneth Glassman, M.D. Michael Charney, M.D. Vance Bray, M.D. Mark Malyak, M.D. Timothy Gensler, M.D. Kathryn Hobbs, M.D. Ryan Antolini, M.D. Annemarie Whiddon, M.D. Stephen Murphy, M.D. Ndudi Oparaeché, M.D. Kim Nguyen Tyler, M.D. Michelle Kenrick, RN, FNP
<b>You have requested a consultation for:</b>	
Patient Name _____	Today's Date _____
DOB _____	
Referring Provider _____	PCP _____
Patient is to return to Referring / PCP for Follow-Up	YES / NO
<b>PROCEDURE REQUESTED (check appropriate box)</b>	
<input type="checkbox"/> Consult Only	
<input type="checkbox"/> Consult and Treat	
<b>INDICATIONS / REASONS</b>	
Provider Signature: _____	Date _____
Provider Phone: _____	

*A written report will be sent on all consults.*

ATTN: MEDICAL RECORDS

After consult above is sign by physician, please fax this form along with the following information to us at **Lowry: 303-320-0242 or Meridian: 303-703-0169.**

- Recent lab work
- X ray reports
- Recent office notes
- Copy of insurance card – front and back
- Insurance Referral: if needed (please include labs & x-rays)