

Specialist Consultant Report

Date

Please Furnish Member Information

ID number

Name

Kindly Send Report Back To

Dear Doctor _____,

Thank you for your referral. After seeing your patient on ____ / ____ / _____, I found the following:

Chief complaint and history of present illness:

Physical findings:

Procedures and results:

Additional reports attached. No Yes

Impression:

Treatment plan:

Follow-up:

- Can be performed in your office.
- Should be performed in my office. Patient should return in ____ day(s) ____ week(s) ____ month(s)
- Specify reason please.

Physician signature

Phone number

Date

/ /