



ENDOCRINOLOGY: REQUEST FOR CONSULTATION

330 23rd Ave North, suite 500

Nashville, TN 37203

FAX 615-342-7863

Main phone: 615-342-5900

New patient appointments: 615-342-7860

PLEASE FAX THIS FORM TO OUR OFFICE ALONG WITH: A COPY OF THE REFERRAL AUTHORIZATION (IF REQUIRED BY INSURANCE) ,CURRENT INSURANCE CARD, AND RELEVANT MEDICAL RECORDS (LABS, OFFICE NOTES, IMAGING REPORTS).

****NOTE: WE DO NOT SEE FATIGUE OR HAIR LOSS IN THE ABSENCE OF AN ENDOCRINE DIAGNOSIS****

Requested provider: First Available (no provider preference)

Brian Aprill, MD

Michael Carlson, MD

Amanda Daniel, MD

Annis Marney, MD

Emily Neely, MD

Patient Name: _____ Date of Birth: __/__/____ SSN: ____ - ____ - _____

Address: _____

Home number: _____ Cell number: _____

REASON FOR ENDOCRINE CONSULTATION: (field required) _____

What testing has been done for this problem? _____

Primary Insurance: _____ Secondary Insurance: _____

Requesting provider: _____

Requesting provider address: _____

Phone number: _____ Fax _____

Office contact person for records: _____

Consultative service desired: evaluate and recommend treatment only

evaluate and initiate treatment only

evaluate, treat and follow up care