McLaren Business Products

McLaren Print System Order

Order No: 8590 Reprint Previous Order No: 5560
Order Date: 2015-01-29
User: Kirstie Goolsby
Phone: 586-978-7930

Ship Location: Kirstie Goolsby-Rizzo
30550 Utica Rd.
Roseville, Michigan 48066
Forms
Quantity: 1000
Paragon Dept No: 72750
Dept Name: MMG Macomb
Company Number: 810

Order Total Price: 2.00

Item Number: MM-34330
Item Description: Referral / Consultation Request
Revision Date: 11/17/2011
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLaren Medical Group
REFERRAL/CONSULTATION REQUEST

To: Dr. _____ Specialty: _____

Referred to you from provider: _____

Patient Name: _____ DOB: _____ Phone: (_____)_____

Date of Referral: _____ Patient needs appointment with you within: _____ days/weeks

Insurance Type: _____

Diagnosis: _____

Reason for Referral: _____

History/diagnostic testing completed/therapeutic measures tried: _____

_____

_____

_____

☐ See attached patient registry report ☐ See attached e-prescription list

☐ See attached test results ☐ No test results available

Request for:

Office Visit Type		Appointment time preference
☐ Initial consultation	☐ Evaluate	☐ A.M.
☐ Follow-up	☐ Evaluate/Treat	☐ P.M.
☐ Pre-Certification	☐ Other _____	☐ None

Signature of referring provider (if applicable): _____ Date: _____

Appointment Date/Time: _____ ** Please notify us immediately if our patient does not keep their appointment

Comments: _____

_____

_____

PLEASE OBSERVE THE FOLLOWING GUIDELINES:

- Please use McLaren facilities for all tests, treatments, and procedures.
- Contact the Primary Care Physician if further visits/testing is needed before the appointment is made.
- Use Network Formulary when prescribing medicines.
- Send consultation report and any applicable test results to Primary Care Physician within seven (7) days of service.

Office Use Only

Date follow up letter received from Specialist: _____
Reason patient did not keep appointment: _____
Date patient completed Specialist evaluation: _____

REFERRAL/CONSULTATION REQUEST