



Request for Consultation
Documentation for the Requesting Physician's Record

Date:

Dear Dr. _____,

It is our understanding that you have requested Dr. _____ to perform a consultation on your patient, _____, for the following condition, symptoms or problem:

_____.

We have appointed this patient on (date and time)_____.

Please forward any necessary medical records to our office that you believe are pertinent for the evaluation of this patient's condition. If our information is incorrect, please notify us as soon as possible so that we may make the necessary changes.

Dr. _____ will forward you his/her opinion regarding this patient as soon as possible following the appointment.

Thank you,

Milford Regional Physician Group

Address: _____

Phone#: _____