



CONSULTATION REQUEST

Name of Consultant _____

Notification to Consultant: Date/Time _____

Name of Person Notified: _____

Reason for Consultation: _____

Attending Physician Requests: (Check all that apply)

Routine Consultation

Stat Consultation

Consultation and

Consultation only

Management of specific entity or procedure

Joint Management Transfer to your service

(Requires discussion with attending)

Requesting Physician: _____

Date _____ Time _____ Medical Record Reviewed: Yes || Patient Examined: Yes

If applicable, AJCC Clinical Working T _____ N _____ M _____ Stage Group _____

Resident Name/Signature, Date/Time, Contact #

Consulting Physician Name/Signature, Date/Time