

Pediatric Surgical Associates, P.A.

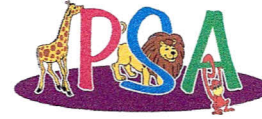
1900 Randolph Road, Suite 210

Charlotte, NC 28207

Phone: 704-370-0223 Fax: 704-370-0799

www.pedsurgical.com

Consultation Form



PLEASE PRINT

Patient's Full Legal Name: _____
Last First Middle Preferred Name

Patient's Address: _____
Street City State Zip Code

Home Phone: () _____ Age: _____ Birth Date: _____ Sex ___ M ___ F

Referring Doctor: _____
Name Practice Name Hospital Affiliation Phone #

Chief Complaint or Problem: _____

Parent / Guardian
Name:
SS#:
Relation to Patient:
Home Phone#: ()
Cell Phone #: ()
Business Phone:

Primary Insurance: _____ Phone#: _____

Policy Number/SS# of Subscriber: _____ Group Name/ #: _____

Subscriber's name & DOB: _____ Authorization Required: _____

Secondary Insurance: _____ Phone#: _____

Policy Number/SS# of Subscriber: _____ Group Name/ #: _____

Subscriber's name & DOB: _____ Authorization Required: _____

Urgency of Appointment (Check One):

- Emergency (within 24 hours) Please call our office for urgent appointments.
- Soon (1-2 weeks) Fax all related reports regarding nature of consult.
- Routine (4-8weeks) Fax all related reports regarding nature of consult.

Doctor Requested:

- Duncan Morton, Jr., M.D.
- Robert J. Attorri, M.D.
- Daniel A. Bambini, M.D.
- Andrew M. Schulman, M.D.
- Graham H. Cosper, M.D.
- Thomas M. Schmelzer, M.D.
- First Available

Referral made by: _____ Contact #: _____

Fax completed form to Pediatric Surgical Associates 704-370-0799