



## CONSULTATION REQUEST

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Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Requesting Physician: \_\_\_\_\_

When requested: Today    Within 24 hours    Within 1 week    Within 4 weeks  
*(Circle one)*

Reason for Consultation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Relevant Findings:

