



7707 SE 27<sup>th</sup> Street Suite 104

Mercer Island, WA 98040

Phone: 206-232-2267

Fax: 206-232-2453

## **Consult and Appointment Request Form**

**Please complete this form and fax it to us. Please also attach a copy of the patients insurance card if available. We will be happy to contact your patient directly to schedule an appointment with us.**

**Patient:** \_\_\_\_\_

**DOB:** \_\_\_\_\_  Male  Female

**Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Reason for Consultation:**

**Visit Needed:**

Emergent (Immediately)  Urgent (Within 1 week)  Non-Urgent (2-4 weeks)

**Referring Provider:**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Thank you !**