



193 W. Schrock Road, Westerville, Ohio 43081
Phone: (614) 392-5160 • Fax: (614) 392-5161

Consultation Request Form
The Best in Endocrinology Care for Your Patients

Date: _____

Patient Contact Information

Last Name: _____
First Name: _____
Address: _____
City, ST, Zip: _____
DOB: _____
Social Security #: _____
Home Phone: _____ Work: _____
Cell: _____
Insurance: _____
Self Pay []
Aetna referral required? [] Yes [] No

Referring Physician Information

Physician Name: _____
NPI# _____
Phone: _____
Fax: _____
Practice Name: _____
Address: _____
City, ST, Zip: _____
Email: _____

Preferred Endocrinologist:

- [] John E. Paes, D.O.
[] Alicia Thorne, D.O.

Reason for Consultation (mandatory fields):

Dx Code: _____ [] Routine Consult [] Semi-Urgent Consult [] Urgent Consult

Diagnosis: _____

Please note: An appointment will be scheduled when this form is completed, then faxed or emailed with corresponding office notes, labs, prior imaging. Upon receipt of the information our office will contact the patient to schedule the appointment and notify your office via fax of the appointment. Failure to receive your records may result in your patient not being seen.

APPOINTED PHYSICIAN: _____
Scheduled date: _____ Time: _____ AM/PM
Location: _____
Date faxed to Referring Physician: _____
Faxed by: _____