



ENDOCRINOLOGY CLINICS of TEXAS, P.A.

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Form for physician's offices requesting consultative services

Please fax **pertinent H&P, follow up office notes/laboratory test results, radiology reports, etc** to our office along with this form requesting a consultation. Please also include a copy of the patient's **insurance card**.

Fields in bold font are necessary for the consultative process. We greatly appreciate your effort to provide us with all the essential information so that patient experience is greatly enhanced and the referral process is efficient.

Patient Information:

Name:

Date of Birth:

Home Phone:

Work/Other contact Phone:

Address:

City:

State:

Zip Code:

Referring Provider Information: Please provide the following information which is required for consultation services.

Physician requesting consultation:

Reason for Consultation:

Provider NPI #:

Phone:

Fax: