



Department of Internal Medicine
Division of Digestive Health
(Gastroenterology)

1500 East Medical Center Drive
Ann Arbor, MI 48109-5358
M-LINE: 1-800-962-3555
Clinic: 734-647-5944 Fax: 734-936-5458

REQUEST FOR CONSULTATION

PLEASE COMPLETE FORM AND FAX TO 734-936-5458. Missing information WILL delay the scheduling of your patient.

Today's Date: Contact Name & Number:

Section 1: Patient Information (REQUIRED)

Patient Name: (PLEASE PRINT)

Address: City/State/Zip:

Date of Birth: Sex: F M

Telephone #s: (home): Other day time contact #:

Patient's Insurance (REQUIRED): If referral authorization is required, please fax to 734-936-5458

Medicare BCN BCBS Medicaid Other HMO POS PPO

Section 2: Physician Information (REQUIRED) If referring physician is not Primary Care Physician, provide PCP info

Referring Physician's Name: UPIN #

Address: City/State/Zip:

Telephone #: Fax Number:

Primary Care Physician's Name: UPIN #

Address: City/State/Zip:

Telephone #: Fax Number:

Section 3: Patient History Information (REQUIRED)

Diagnosis:

To avoid duplication of tests, please list relevant studies and date completed: Fax reports if not performed at U of M

- Procedures (list type) date: Location:
MRI/CT (list type) date: Location:
Other (List) date: Location:

Appointment Requested:

- Urgent = Within 2 Weeks Within 3-6 Weeks
Routine = Next Available

Schedule with Dr.

Comments:

Please fax consultation request form, medical documentation, and managed care referral to (734) 936-5458