

Consultation Request



Please provide clinical information (labs, imaging studies, recent office notes, surgical or pathology reports) pertinent for the consultation. Receipt of this information will allow for more timely consideration to consultation wait times.

- ☐ **Expedited** – within 1 week, *please call to speak to Dr. Zeidan*
- ☐ **Urgent** – within 2 weeks *please call to speak to Dr. Zeidan*
- ☐ **Routine** – Standard, non-urgent evaluation
- ☐ **Follow-up** – Continuation of previous care
- ☐ **Preoperative** – Evaluation needed before surgery
- ☐ **Postoperative** – Evaluation needed after surgery

PATIENT INFORMATION

First Name: _____

Last Name: _____

Date of Birth: ____/____/____

Gender: ☐ Male ☐ Female ☐ Other

Phone Number: (____) ____ - ____

REFERRAL INFORMATION

Referring Physician: _____

Signature: _____

Date: ____/____/____



INSURANCE INFORMATION

Primary Insurance/ Secondary Insurance (if applicable):

Attach/Fax card images

REASON FOR VISIT:

- ☐ Type 1 Diabetes Mellitus
- ☐ Type 2 Diabetes Mellitus
- ☐ Hypothyroidism
- ☐ Goiter or Thyroid Nodules
- ☐ Hyperthyroidism (thyroiditis, Graves' Disease)
- ☐ Thyroid cancer
- ☐ Hyperparathyroidism (hypercalcemia, parathyroid adenoma)

- ☐ Hypoparathyroidism
- ☐ Osteoporosis / Osteopenia
- ☐ Polycystic Ovary Syndrome (PCOS)
- ☐ Pituitary Disorders (Adenoma, Hyperprolactinemia, etc)
- ☐ Adrenal Disorders
- ☐ Amenorrhea
- ☐ Abnormal Labs (specify): _____

☐ Other: _____

ADDITIONAL COMMENTS:

DESSWO STAFF ONLY	Date
Received on:	____/____/____
Contact with patient:	____/____/____
Visit scheduled:	____/____/____