## **McLAREN FLINT CONSULTATION REPORT**

REQUEST - To be completed by requesting physician.				
REQUEST FOR CONSULTATION WITH:		DATE:		TIME:
SUMMARY OF PRESENT FINDING (REASON FOR CONSULTATION):				
☐ RECOMMENDATION ONLY	CONSULTATION PRIORITY:	CONSULTANT NOT	IFIED: (If emergen	nt requesting physician MUST notify)
☐ CO-MANAGE ☐ ASSUME CARE ☐ PARTICIPATE IN AREA	☐ ROUTINE (Within 24 hours) ☐ EMERGENT (Immediately) Within 4 hours Physician to	DATE: TIM	ME: 	BY WHOM:  BY WHOM:
SPECIFIED  REPORT OF CONSULTATION / REPLY	Physician call required	Entered in Parag		BY WHOM:
IMPRESSIONS AND RECOMMENDATIONS:				
DIAGNOSIS:				
RECOMMENDATIONS:				
EMPINO. DATE	TIME. PATIENT	RECORD REPOR	T CONSULT	ANT ACCEPTS CARE IN THEIR FIELD
FINDING: DATE:	TIME: PATIENT EXAMINED	RECORD REPORT	ED ED	YES NO

SIGNATURE OF CONSULTANT



PT.

MR.#/RM.

17429 (7/16)