McLAREN FLINT CONSULTATION REPORT

REQUEST - To be completed by requesting physician.				
REQUEST FOR CONSULTATION WITH:		DATE:	:	TIME:
SUMMARY OF PRESENT FIND (REASON FOR CONSULTATION	DING N):			
☐ RECOMMENDATION ONLY ☐ CO-MANAGE ☐ ASSUME CARE ☐ PARTICIPATE IN AREA	CONSULTATION PRIORITY: ROUTINE (Within 24 hours) EMERGENT (Immediately) Within 4 hours Physician to Physician call required	CONSULTANT DATE:	NOTIFIED: (II	f emergent requesting physician MUST notify) BY WHOM:
		DATE:		BY WHOM:
SPECIFIED		☐ Entered in Paragon DATE: TIME: BY WHOM:		
REPORT OF CONSULTATION / REPLY	1]		
IMPRESSIONS AND RECOMMENDATIONS:				
				-
DIAGNOSIS:				
RECOMMENDATIONS:				
TESSIMILIADALIONS.				
			1	CONCULTANT ACCEPTO CARE IN USE SIGNE
FINDING: DATE:	TIME: PATIENT EXAMINE	RECORD F	REPORT	CONSULTANT ACCEPTS CARE IN HIS FIELD YES NO

SIGNATURE OF CONSULTANT



PT.

MR.#/RM.

DR.