Request for Consultation

Northwest Suburban Medical Associates
Specializing in Infectious Disease

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Requesting Physician Information			
Physician Name:		Office Contact:	
Address:			
Phone:		Fax:	
Physician NPI:			

Patient Information			
Patient Name:		Date of Birth:	
Address:			
Home Phone:		Cell Phone:	
Insurance:			
Insurance ID #:			

Reason for Referral (ALL ITEMS MUST BE COMPLETED)	
Diagnosis for Referral: *(please note: we only treat confirmed diagnoses)*	
Is the patient currently being treated with an antibiotic? (list name and dose)	
Has the patient seen an ID physician before for this issue? (*If yes, the patient will need to obtain those records as well)	☐ Yes * ☐ No ☐ Unknown
Does the patient need a prior authorization/referral to see a specialist?	☐ Yes ☐ No
The following items must be included, if available: *(A referral will not be considered until all items are received)*	☐ Demographic Sheet ☐ Insurance Information ☐ Office Notes ☐ Lab testing/cultures ☐ Radiology Reports ☐ Other documentation that supports the diagnosis