



INFECTIOUS DISEASE
CONSULTANTS

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Telephone: (302) 994-9692 Fax: (302) 994-9803

New Patient Referral

Patient name: _____

DOB: --/--/----

Reason for Consultation: _____

Referring Physician: _____

Please send the following documents to our office fax (302) 994-9803 so that we may be able to provide the best patient care.

Documents Needed:

1. Patient Demographics/Facesheet
2. Most recent office notes
3. Recent Labs and/or cultures
4. Pertinent tests (ie: CT, ultrasounds, MRI, etc.)
5. Other: _____

Timely receipt of these documents will expedite the scheduling process for your patient.

We appreciate your referral! We will make every effort to address your patient's health concern, and please do not hesitate to contact us with any questions or concerns.