

CONSULTATION/REFERRAL REQUEST COVER LETTER

Please include this Cover Letter with your Referral Request Letter

To: Gordon E. Searles, MD, FRCPC
Suite 303, 2377 – 111 Street,
Edmonton, Alberta T6J 5E5
Phone/fax: 780-424-4464 / 780-424-2534

From: Primary physician
Name: _____
Address: _____
Phone/fax: _____

SECTION 1 – REQUESTED ACTION

Consultation

(Please send the patient back for follow-up and treatment.)

- Confirm diagnosis.
- Advise as to diagnosis.
- Suggest medication or treatment.

Referral

(Please provide primary physician with summaries of subsequent visits.)

- Assume management for this particular problem and return patient after conclusion of care.
- Assume future management of patient within your area of expertise.

SECTION 2 – PATIENT INFORMATION (can attach Patient Label if desired)

Name: _____
Address: _____
Phone: _____ Date of birth: _____
Tentative diagnosis: _____

Pertinent history, physical and laboratory findings, and special financial considerations:

- Please see attached Consultation Letter.
- See additional information attached.
- Please call me when you have seen the patient.
- I would like to receive periodic status reports on this patient.

Signature: _____
Primary physician

SECTION 3 – CONSULTANT'S FINDINGS

Dr. Searles will provide a full consultation letter at the time of the consultation

- I would like to receive periodic status reports on this patient.
- The patient failed to show for their scheduled appointment. If the consultation is still required, please contact the office to make another appointment.

Signature: _____
Dr. Gordon Searles