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Consultation Request

To ensure faster response, please follow ALL directions in attached "referral protocol"

To: <input type="checkbox"/> Steven Hamilton, MD		Referring Physician:	
<input type="checkbox"/> Eugene May, MD			
<input type="checkbox"/> Either		Phone:	
Date:		Fax:	
Patient:		DOB:	
*****PLEASE ATTACH DEMOGRAPHICS*****			
Phone:		Alternate:	
Insurance:		Referral Needed?	
<p>**PLEASE NOTE: AUTHORIZED REFERRALS WILL BE REQUIRED ON SECURE HORIZONS, PAC MED, MOLINA, CHPW, GROUP HEALTH, TRICARE AND REGENCE SELECTIONS BEFORE AN APPOINTMENT WILL BE MADE.** THANK YOU.</p>			
Reason for referral: (please attach related chart notes)			
Completed Diagnostics: <i>Please forward documentation if available</i>			
Brain MRI	Date:	Facility:	
Visual Fields	Date:	Facility:	
Bloodwork	Date:	Facility:	