



**REQUEST FOR CONSULTATION**

Please complete this form and  
Fax it to us – see location chart for fax number  
Please include one year of office notes, any x-ray/ultrasound reports, labs,  
list of current medications, and the insurance card

**Select Provider Preference:**  No Provider Preference

- Dana Kumjian, MD
- Rebecca Sentman, MD
- James Bazemore, MD
- Jessica Coleman, MD
- Erik Bernstein, MD
- William Gabbard, MD

- STAT
- Next Available
- Routine (no urgency)

**Location Preference:**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> 1115 Lexington Avenue<br>Savannah, GA 31404<br>Phone 912/354-4813<br>Fax <b>912/354-7569</b> | <input type="checkbox"/> 16 Kemmerlin Lane<br>Suite A<br>Beaufort, SC 29907<br>Phone 843/524-2002<br>Fax <b>843/524-3522</b> | <input type="checkbox"/> 16 Okatie Center Blvd.<br>Suite 100<br>Okatie, SC 29909<br>Phone 843/706-9955<br>Fax <b>843/706-9956</b> | <input type="checkbox"/> 604 Towne Park West<br>Rincon, GA 31326<br>Phone 912/354-4813<br>Fax <b>912/354-7569</b> |
|---|--|---|---|

**PATIENT INFORMATION**

Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ SS # \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
(first, middle, last)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Patient's Day Phone (    ) \_\_\_\_\_ Mobile Phone (    ) \_\_\_\_\_

Email Address \_\_\_\_\_

**REASON FOR CONSULTATION** \_\_\_\_\_

**PRIMARY INSURANCE** (or attach insurance card) \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_  
Group # \_\_\_\_\_ Policy # \_\_\_\_\_

**SECONDARY INSURANCE** (or attach insurance card) \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_  
Group # \_\_\_\_\_ Policy # \_\_\_\_\_

**REFERRING PHYSICIAN INFORMATION**

Name \_\_\_\_\_ Referring Provider's NPI \_\_\_\_\_

Practice Name \_\_\_\_\_

Address \_\_\_\_\_ Phone (    ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Fax (    ) \_\_\_\_\_

Name of Contact Person \_\_\_\_\_ \*Referral # \_\_\_\_\_ # visits\* \_\_\_\_\_

\* must be completed for us to provide an appointment day and time for your patient.

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INTEROFFICE USE:                      Date of Appointment \_\_\_\_\_ Time \_\_\_\_\_ AM/PM  
Location \_\_\_\_\_ Scheduled by \_\_\_\_\_ Date Scheduled \_\_\_\_\_  
Referring MD notified of appointment?  Yes  No By \_\_\_\_\_