

Creedmoor Centre Endocrinology
8341 Bandford Way Suite 103
Raleigh, NC 27615
P: 919-845-3332 F: 919-845-3395
Request for Consultation Form

Date:_____

This form is to request a consultation from Dr. Julia Warren-Ulanch regarding her opinion on:

Patient Name:_____

Patient Date of Birth:_____

Requesting Provider Information: (This helps to optimize our service to you)

Name: _____

NPI Number:_____ Insurance Referral # (if applicable)_____

Office:_____

Phone:_____ Fax:_____

*Signature of Provider or Representative:_____

Reason for consult:

Neck mass_____ Pituitary mass_____ Short Stature_____ High prolactin_____

Thyroid nodule_____ Irregular/Lack of menses_____ Early Puberty_____ Turner Syndrome_____

Hyperthyroidism_____ Excess hair growth_____ Late Puberty_____ Weight loss_____

Hypothyroidism_____ Hypercalcemia_____ Hair loss_____

Thyroid Cancer_____ Weight gain_____ Adrenal mass_____

Thyroiditis_____ Adrenal Insufficiency_____ Fatigue_____

Other (please specify)_____

Urgency of consult: High_____ Medium_____ Low_____

Please fax completed form to 919-845-3395 along with the Patient's most recent clinic note, labs, imaging studies, and growth curves.

We look forward to serving you and your patient.

Sincerely,

Dr. Julia Warren-Ulanch and the staff of Creedmoor Centre Endocrinology