

Julia Warren-Ulanch, MD Candy Stringer, PA-C Ravin Mehta, PA-C Andrea Kerick, RD/CDE

Request for Consultation Form

Dale:			
Requesting a consul	t from Dr. Julia Warren-Ulanch	and her staff regarding c	ın opinion on:
<u>Patient Information</u> :			
Name:			Date of Birth:
Requesting Provider	<u>Information</u> (This helps us optin	mize our service to you)	
Name:		NPI#:	
Office:	Insurance Referral #		
Phone:	F	Fax:	
*Signature of Provide	er or Representative		
Reason for consult:			
Neck mass	_ Pituitary mass	Short Stature	Medical Nutrition Therapy*
Thyroid nodule	_ Irregular/Lack of menses_	Early Puberty	Hyperthyroidism
Excess hair growth	Late Puberty	HypothyroidismHyp	ercalcemia
Hair loss	Thyroid Cancer	Weight gain	Adrenal mass
Thyroiditis	_ Adrenal Insufficiency	Fatigue	_High prolactin
Turner Syndrome	Weight loss	_Other (please specify)_	
Urgency of consult:	High Medium_	Low	
Please fax complete growth curves.	d form to 919-845-3395 along v	with the Patient's most re	cent clinic note, labs, imaging studies, and
We look forward to s	erving you and your patient.		
Sincerely,			
Dr. Julia Warren-Ular	nch and the staff of Creedmoo	or Centre Endocrinology	
Pre-Diabetes	rapy Details _ Weight gain Age-Spec _ Diabetes Hypertension ry After Bariatric Surgery	Hyperlipidemia	Gestational