

Physician Consultation Form

Patient Name _____

DOB _____ Phone _____

What advice are you requesting? (list body part(s) affected and the problem)

Patrick Hurlbut, MD

Erica Heiman
Physical Therapist

Requested Urgency: URGENT

Within the Week Next Available

Recent X-rays Yes If yes, please send with patient No

Referring Clinic _____

Referring Physician Signature _____

Office Phone _____ Date _____

Thank you for referring your patient to *Prairie Shoulder, Elbow and Hand Center*. Please provide this form to your patient or fax this to our office and we will call your patient to schedule the appointment. **FAX 402-489-5220** Attention: Cheryl