ORLANDO HEALTH® | Physicians
Neurosurgery Group

89 W. Copeland Dr., Second Floor
Orlando, FL 32806
Phone: 321.841.7550
OrlandoHealth.com

REQUEST FOR CONSULTATION (Fax to 321.841.8185)

Requested Physician Name: _____

Patient Name _____ DOB _____ M/F _____

Address _____ City/State _____ ZIP _____

Home Phone _____ Cell Phone _____ Guardian _____

Diagnosis _____

Referring MD _____ MD Email _____ Contact _____

Address _____ City/State _____ ZIP _____

Phone _____ Fax _____ NPI _____

PCP name (if different) _____ Contact _____

Address _____ City/State _____ ZIP _____

Phone _____ Fax _____ NPI _____

Please attach copy of insurance card(s)

First Insurance _____ Phone _____

Claim Address _____ City/State _____ ZIP _____

Policyholder Name _____ Policy Number _____ Group # _____

Relation to Patient _____ Authorization Number _____

Second Insurance _____ Phone _____

Claim Address _____ City/State _____ ZIP _____

Policyholder Name _____ Policy Number _____ Group # _____

Relation to Patient _____ Authorization Number _____

IMPORTANT: Attach most recent test results (less than six months) and notes.