

CONSULTATION REPORT

REQUEST FOR CONSULTATION:	
TO:	DATE dd/mm/yyyy: _____
FROM:	TIME hh/mm: _____
REASON FOR CONSULTATION:	
CONSULTATION ONLY []	
URGENT CRITICAL []	
CONSULTATION, MANAGE CARE []	
CONSULTATION, CONCURRENT CARE []	_____ Signature of Attending Physician
Consultant's Interim Report	
ED Clerk, please fax this form, the ED face sheet and any relevant documents to the above consultant	

Rev. 06/2016 (v1) Form 900065

DATE: dd/mm/yyyy

TIME: hh/mm

SIGNATURE OF CONSULTANT



DR3

Chart Copy Do Not Destroy