PERINATAL
consulting group

Consultation Request

☐ **Randall S. Kuhlmann, MD, PhD**

Date of Request: _____

Patient Name: _____

DOB: _____ Contact Phone #(s): _____

Insurance Company: _____ Subscriber #: _____

Referring Physician: _____ Phone #: _____

Reason for Consultation: _____

_____

_____

LMP: _____ EDD: _____ GA: _____

Notes:

Referring Provider's Signature: _____

Please contact our office at (920) 729-7121 with notification of referral and fax this completed form with any pertinent medical records, prenatal records, ultrasound report and labs to (920) 831-8178.

Due to new requirements by CMS, we ask that you please complete this form for consultations. Effective January 1, 2006, CMS updated its requirements for physician consultations. Please view the link below for more detail, specifically Section II Medical Consultations A. Consultation Services vs. Other Evaluation and Management (E/M) Visits.
http://www.wpsmedicare.com/policies/wisconsin/phys006.pdf