**** Consult / Referral Forms are now available on-line at www.collom-carney.com ****

Collom & Carney Clinic ASSOCIATION

1440 W. 1st North
Prescott, Ar. 71857
Phone: (870) 887-8001
Fax: (870) 887-1701

FAMILY PRACTICE PRESCOTT CLINIC

☐ CONSULT (Request for advice / opinion) or ☐ REFERRAL (Request for management of care)
(Please only select one request)

REQUESTING PROVIDER INFORMATION

Requesting Provider Name	Requesting Provider Address (street, city, state, zip)

Requesting Provider Telephone	Requesting Provider Fax Number	NPI #
( ) -	( ) -	

APPOINTMENT REQUEST

APPOINTMENT REQUEST	DIAGNOSIS
☐ **Thomas A. Fox, MD**	

PATIENT and INSURANCE INFORMATION

Patient Name (First, Middle Initial, Last)	Gender
	☐ Male ☐ Female

Address	City, State, Zip

Date of Birth (mm/dd/yyyy)	Social Security #
/ /	- -

Home Telephone	Mobile Telephone	Work Telephone
( ) -	( ) -	( ) - xtn

Does patient need an interpreter?	If yes, what language?
☐ Y ☐ N	

Does the patient have medical insurance?	Name of Insurance Company and Plan Number (required for Yes)
☐ Y ☐ N	

DOCUMENTATION

Please provide consulting physician with all applicable CLINIC NOTES, HISTORY & PHYSICAL, PREVIOUS PROCEDURES, LABORATORY RESULTS, PATHOLOGY REPORTS, RADIOLOGY REPORTS, AND OPERATIVE REPORTS pertinent to the patients visit. Please fax all documentation to (870) 887-1701.
Thank you in advance for the request and your cooperation.

Collom & Carney Clinic INNER OFFICE USE ONLY
Please scan form to Chart Note for Clinic Physician

Patient MR #	Patient ID #