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## ENDOCRINE SURGERY CONSULTATION REQUEST FORM

- To ensure your request is processed as quickly as possible, please follow these instructions. **Note, failure to provide requested information will delay the scheduling process.**
- Once this form and all required documents are received, our Endocrine Surgery team will review all documents. A member of our staff will then contact your office with the time and day of the patient's appointment. Please allow 3-5 business days for this process.

### Consultation Instructions:

- Complete all sections of this form.
- Attach all pertinent documents.
- Attach demographic sheet
- Fax this form (2 pages) and all pertinent documents to **859-218-7666**.

**PLEASE SEND A DEMOGRAPHIC SHEET THAT INCLUDES THE SOCIAL SECURITY NUMBER**

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## PATIENT INFORMATION

_____ Last name		_____ First name		_____ Middle initial		_____ Date of birth	
Primary language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____						Translator required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____ Insurance carrier						_____ ID number	
						<input type="checkbox"/> copy of insurance card front/back	

(Please note: Tricare, Aetna HMO Plans, Passport and Humana Gold require a referral. Please fax the referral with this form.)

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## REFERRING PROVIDER INFORMATION

_____ Name of practice		_____ Ext: Phone number with extension	
_____ Referring provider name		_____ Fax Number	
_____ Name of office contact (Appt. may be delayed if unable to reach direct contact.)		_____ Ext: Direct Phone no. with extension	

# ENDOCRINE SURGERY CONSULTATION REQUEST FORM

\*Only fill out the section that is  
pertinent to your patient.

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## THYROID

Please indicate the reason for consultation:

- Thyroid nodule(s)
- Hyperthyroidism/Graves' disease
- Symptomatic goiter
- Suspicious biopsy
- Cancer
- Other \_\_\_\_\_

Please include the following documentation with  
this consultation:

- Copy of insurance card
- Last clinic note
- Radiology reports (ultrasound, etc)
- Pathology reports (FNA, surgical path, etc)
- Pertinent labs (such as TSH, free T4, calcium, etc)

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## PARATHYROID

Please indicate the reason for consultation:

- Primary hyperparathyroidism
- Secondary hyperparathyroidism
- Concern for hyperparathyroidism
- High calcium
- Other \_\_\_\_\_

Please include the following documentation with  
this consultation:

- Copy of insurance card
- Last clinic note
- Calcium values
- PTH values (parathyroid hormone)
- Other pertinent labs (such as BMP, Vit D, 24 urine, etc)
- Radiology reports (sestamibi, ultrasound, DEXA, etc)

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## ADRENAL

Please indicate the reason for consultation:

- Adrenal nodule/mass
- Pheochromocytoma
- Aldosteronoma
- Cortisol-producing nodule
- Other \_\_\_\_\_

The following documentation is **REQUIRED** for every  
adrenal consultation:

- Copy of insurance card
- Last clinic note
- CD of adrenal imaging (if not at UK)
- Plasma aldosterone
- Plasma renin activity (PRA)
- Plasma fractionated metanephrines
- Low dose dexamethasone suppression test

### Instructions for low-dose dexamethasone suppression test:

1. Prescribe 2mg of dexamethasone to be taken at 11pm the night prior to an 8am blood draw.
2. Order a serum cortisol for 8am the following morning. If the patient forgets to take the pill, they should postpone the blood draw.
3. The other lab tests (listed above) can be obtained at the same time as the cortisol level.

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Should you have questions about the referral process, feel free to contact our office at **(859) 218-2776**  
for assistance. Thank you for consulting with the University of Kentucky Section of Endocrine Surgery.