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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.
- Fax this form (2 pages) and all pertinent documents to **859-218-7666**.
- For questions about the consultation process, please call 859-218-2776.

**\*Please include a demographic sheet\***

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## PATIENT INFORMATION

Last name _____		First name _____		Middle initial _____	Date of birth _____
Primary language:	English	Spanish	Other _____	Translator required? Yes      No	
Insurance carrier _____				ID number _____	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 _____	Title (MD/DO, APRN, PA) _____
Name of office contact <b>*Appt. may be delayed if unable to reach direct contact*</b> _____	Ext: _____ Direct number 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 University of Kentucky Endocrine Surgery.