



HealthCare

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.

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Consultation Instructions:

- Complete all sections of this form.
- Attach all pertinent documents.
- Fax this form (2 pages) and all pertinent documents to **859-323-6725**.
- For questions about the consultation process, please call **859-218-2776**.

Please include a demographic sheet

PATIENT INFORMATION

Last name

First name

Middle initial

Date of birth

Primary language:

English

Spanish

Other

Translator required?

Yes

No

copy of insurance card
front/back

Insurance carrier

ID number

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

REFERRING PROVIDER INFORMATION

Name of practice

Ext:

Phone number with extension

Referring provider name

Title (MD/DO, APRN, PA)

Ext:

Name of office contact (*Appt. may be delayed if unable to reach direct contact.)

Direct Phone no. with extension

ENDOCRINE SURGERY

CONSULTATION REQUEST FORM

THYROID

Please indicate the reason for consultation:

Thyroid nodule(s)
Hyperthyroidism/Graves' disease
Radio Frequency Ablation
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)

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)

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.

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.