David A. Sloan, MD, FACS
Cortney Y. Lee, MD, FACS
William B. Inabnet III, MD, MHA, FACS
Oliver Fackelmayer, MD, FACS
Good Samaritan Medical Plaza
125 East Maxwell Street, Suite 302
Lexington, Kentucky 40508
Phone: 859-218-2780 | Fax: 859-218-7666

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.

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

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.)

REFERRING PROVIDER INFORMATION

Name of practice _____ Phone number with extension _____ Ext:

Referring provider name _____ Title (MD/DO, APRN, PA) _____

Name of office contact **Appt. may be delayed if unable to reach direct contact* _____ Direct number with extension _____ Ext:

This form can be found at **ukhealthcare.uky.edu/services/general-surgery/endocrine-surgery** and on the UK Physician Portal.

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

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)

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.