



John Saxer Family Medicine Consulting, LLC

Physician Request Form for Family Medicine Consultation

Instructions: Print and fill out. Return via fax or postal mail.

DATE: _____

To: John Saxer Family Medicine Consulting, LLC
5401 College Blvd., Suite 208
Leawood, Kansas 66211
P: (913) 286-5155
F: (913) 933-0090
E: drjohn@jsaxermd.com *(Do not email this form)*

From: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
Email: _____

PATIENT INFORMATION

Patient Name: _____
Patient Address: _____
City, State, Zip: _____

Date of Birth: _____
Patient Phone: _____
Patient Email: _____

Diagnoses:

Pertinent history, physical examination, laboratory and imaging findings:
Please also send pertinent records for review.

Specific consultation/procedural requests:

John Saxer Family Medicine Consulting, L.L.C. will send reports and the patient back to you (the referring physician/the patient's primary care physician) for continuity of care, follow up, and decisions on the consultation opinions.