



To: Jeffrey Boomer, M.D.
Phone: (913) 338-4733
Fax: (913) 906-6551

From:

Patient Name: _____ Date: _____

Requestor: _____ Phone: _____

Address: _____ Fax: _____

Dear Dr. Boomer:

I am sending this patient to you for assistance with his/her care. Please evaluate this patient's concern(s) or condition(s) [describe] _____

and consider treatment as appropriate. I look forward to receiving your opinion and advice regarding care of this patient, and will resume general care following your consultation.

Signed _____
[Referring Doctor]

Please send this form via fax in advance of the patient's scheduled appointment, or ask the patient to bring this form on the day of the appointment. Thank you.