Adam Law, MD FRCP
Endocrine Consultation Request
404 North Cayuga Street
Ithaca, New York 14850
Phone: 607-277-0969 Fax: 607-277-3242
URL: www.Ithacamed.com or Email: checkin@ithacamed.com

Today's date: / /	Primary Care Physician:

Last Name: _____

First: _____ MI: _____

SSN: ____ ____ ____ - ____ ____- ____ ____ ____ ____

Date of Birth: _____/_____/_____

Patient Gender: ❑ Male ❑ Female
Marital Status:
❑ Single ❑ Widowed ❑ Married ❑ Divorced

Home # ( ) _____ Work # ( ) _____

Cell # ( ) _____ E-mail Address: _____@_____._____

Street Address:

P.O. Box or Apt#:	City:	State:	ZIP Code:

REFERRING PROVIDER INFORMATION

Physician: _____ ❑ MD ❑ NP ❑ PA

Address: _____ City: _____ State: _____

Zip:_____ Phone: ( ) _____ Fax: ( ) _____

NPI #: _____ **UPIN#:**_____ **Medicaid #:**_____

INSURANCE INFORMATION

Primary insurance Check One:
❑ Medicare ❑ Aetna ❑ Health Now ❑ Total Care ❑ Other:_____
❑ Medicaid ❑ Aetna Student Health ❑ POMCO
❑ BC/BS ❑ GHI ❑ Empire/ United Healthcare (NONPAR)
❑ Champus ❑ RMSCO ❑ Fidelis (NON PAR) ❑ Self Pay

Secondary insurance (if applicable):
❑ RMSCO ❑ Medicaid
❑ POMCO ❑ Health Now
❑ Aetna ❑ GHI
❑ BC/BS ❑ AARP

Patient's relationship to subscriber: ❑ Self ❑ Child ❑ Spouse ❑ Other

Subscriber's Name (if not self):_____

Subscribers Date of Birth: _____ /_____/_____

Subscriber's Social Security #:____ ____ ____ - ____ ____- ____ ____ ____ ____

Primary Insurance

Policy#:_____

Group#:_____

Patient's relationship to subscriber: ❑ Self ❑ Child ❑ Spouse ❑ Other

Subscriber's Name (if not self):_____

Subscribers Date of Birth: _____ /_____/_____

Subscriber's Social Security #:____ ____ ____ - ____ ____- ____ ____ ____ ____

Secondary Insurance

Policy#:_____

Group#:_____

REASON FOR CONSULT

Diagnosis or Symptoms:_____

LEVEL OF URGENCY: ❑ 1 ❑ 2 ❑ 3 IF FEMALE, IS THE PATIENT PREGNANT: ❑ YES ❑ NO

Type of Referral Requested: ❑ Confirm Diagnosis ❑ Consultation Only ❑ 2nd Opinion ❑Assume care for this Diagnosis

REQUIRED INFORMATION BEFORE WE CAN MAKE AN APPT: PLEASE FAX RECENT LABS, OFFICE NOTES SUPPORTING REFERRAL, MED LIST & CONSULT LETTER, OR WRITTEN REQUEST TO 607-277-3242. WE WILL CONTACT THE PATIENT BY TELEPHONE TO SET UP THE NEXT AVAILABLE APPOINTMENT BASED ON THE LEVEL OF URGENCY. OFTEN PTS DIAGNOSED WITH A NODULE ARE SENT TO THE THYROID CLINIC, IN THAT CASE THE PATIENT WILL BE CONTACTED DIRECTLY BY THE CLINIC. WE WILL INFORM YOUR OFFICE VIA FAX AFTER THE APPTOINTMENT HAS BEEN MADE. IF AN INSURANCE REFERRAL IS REQUIRED, THE APPT WILL NOT BE MADE UNTIL THIS HAS BEEN RECIEVED. THANK YOU