MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

The University of Michigan
Department of Neurosurgery

Aditya Pandey, M.D., Chair
(734) 936-5015

Wajd Al-Holou, M.D.
David Altshuler, M.D.
Kevin Chen, M.D.
Michael B. Cloney, M.D.
Hugh J. L. Garton, M.D.
Jason A. Heth, M.D.
Todd Hollon, M.D.
Teresa L. Jacobs, M.D.
Jacob Joseph, M.D.
Noojan Kazemi, M.D.
Emily Levin, M.D.
Suresh Magge, M.D.
Neena Marupudi M.D.
Karin Muraszko, M.D.
Andrew Nguyen, M.D.
Venkatakrishna Rajajee, M.D.
Yamaan Saadeh, M.D.
Oren Sagher, M.D.
Thomas C. Schermerhorn, M.D.
Tarun Singh, M.B.B.S.
Joseph Stern, M.D.
Stephen E. Sullivan, M.D.
Nicholas J. Szerlip, M.D.
B. Gregory Thompson, M.D.
Craig A. Williamson, M.D.
Matthew Willsey, M.D., Ph.D.
Timothy Yee, M.D.

Emeritus Faculty
William F. Chandler, M.D.
John E. McGillicuddy, M.D.
Suresh Ramnath, M.D.

Veterans Administration Medical Center
(734) 769-7100, Ext. 5938

Dear Colleague:

Thank you for referring your patient to the University of Michigan Health Department of Neurosurgery. We value your partnership and appreciate the opportunity to contribute to the wellbeing of your patient.

It is our goal to provide your patient with the highest quality of care in an expedited fashion. Your assistance in providing the following information would be extremely valuable

- **Consult Request Form** – complete the attached form, including reason for consult.
- **Office Notes** (related to Neurosurgery diagnosis)
- **Diagnostic Reports** - MRI and CT within the last 12 months. Radiology images can be uploaded at **uofmhealth.org/uploadimages**
- **Lab Results**

Please fax the information to 734-647-9233.

As soon as we receive the above information, we will schedule a clinic appointment. We will also fax you the clinic appointment information for your office records.

To coordinate care with your practice, we encourage you to enroll in the U-M Health Provider Portal at **uofmhealth.org/providerportal**. The Provider Portal is a secure web-based application to access your patient's medical records.

We greatly appreciate the opportunity to participate in the neurosurgical care of your patient.

Cordially,

Aditya S. Pandey, M.D.
Professor and Chair
Department of Neurosurgery

University of Michigan Health System

Outpatient Consult Request

Questions? Contact M-LINE at 800-962-3555

Fax completed form directly to the clinic fax number provided

Refer Patient To

UM Clinic Referred to: _____

UM Provider: _____

UM Clinic Location: _____

Referred From

Referring Physician: _____ Office Name:_____
(Please Print)

Office Contact: _____ Phone#: (____)_____

Fax#: (_____)_____ E-Mail Address: _____

PCP
(If different from Referring)

Physician Name:_____ Office Name:_____
(Please Print)

Office Contact: _____ Phone#: (____)_____

Fax#: (_____)_____ E-Mail Address: _____

Patient Information

Name: Last_____ First_____
(Please Print) (Please Print)

UMHS Registration # (if available): _____ Gender: ☐M ☐F DOB: _____

Telephone: Home (____)_____ Work: (____)_____Other: (____)_____

Address:_____ City:_____ State:_____ Zip:_____

Other Contact Information
(if applicable)

Mother's Name:_____ Father's Name:_____

Other (please explain):_____

Telephone: Home(____)_____ Work: (____)_____Other: (____)_____

Insurance Information

Insurance: _____ ☐HMO ☐PPO ☐POS ☐Traditional ☐Medicare ☐None

Medicaid: ☐HMO ☐Other Medicaid Insurance Plan: _____

Auto Accident? ☐Y ☐N Date of Injury _____ Work Comp? ☐Y ☐N Date of Injury _____

Diagnosis and Reason for Consult or Therapy

Patient Diagnosis: _____

Reason for Consult: _____

Appointment Requested:
☐ Next Available
☐ Within 2 weeks
☐ other

Second Opinion? ☐Yes ☐No

Instructions for Uploading Images Online

Visit **uofmhealth.org/uploadimages** for additional information on how to send your patient images electronically to University of Michigan Health.

List Radiology Test: Date: Test Location:
List Radiology Test: Date: Test Location:
List Radiology Test: Date: Test Location:

Requesting Physician

Physician Signature: (Required for PT and diagnostic tests only)

_____
(Signature) (Date)