

NRP Consultation or Test Request Form



John H. Stroger, Jr. Hospital
of Cook County
1900 W. Polk Street, Chicago, IL 60612. 312 864-6000

Date: _____

ATC#: _____

Patient Name:

Last First MI

Address

City State Zip

Phone Number DOB

Referring Clinic: Access to Care - _____

Phone #: _____

Name of Referring Physician: _____
(print)

Phone #: _____

TO BE COMPLETED BY REFERRING PROVIDER/ PHYSICIAN:

This is a request for: Specialty Consult: _____

Test: _____

Patient History (such as: DM, HTN). Include pertinent physical findings:

Specific Indication for Referral/Test:

Positive Laboratory Data:

Provider/Physician Signature: _____