



FAX TO:
Infectious Disease Consultation Service
National Jewish Health
Fax: 303-270-2119
Phone: 1-800-423-8891 ext. 1353
Email: mycoconsults@njhealth.org

Request for Infectious Disease Consultation and Referral

PLEASE TYPE OR PRINT CLEARLY.

Physicians Name _____

*Physician Signature _____

NPI # _____

Fax # _____

Phone # _____

PT. Name, Sex, Age, Ethnicity _____

DX & Brief History _____

Current Medications _____

X-Ray/CT Scan Findings _____

Lab Data/Information (E.G. cultures/susceptibility) — Attach Reports _____

What questions do you want addressed? _____

Other pertinent info/concerns or attach brief summary of case _____

*We must have a physician signature.

CHECK ONE BELOW:

[] Faxed consult only

[] Consult at National Jewish

PT. Phone # _____

PT. DOB _____

Previous Medications Used _____
