

Request For Infectious Disease Consultation or Patient Referral

Physician Line
National Jewish Health
1400 Jackson St.
Denver, CO 80206
1.800.652.9555
Fax: 303.398.1476
Email: physicianline@njhealth.org

Check One Below:

- Advice from NJH Doctor
 Referring patient to come to NJH
For evaluation (If referring patient please include
Face Sheet with demographics)

Please type or print clearly:

Physician Name: _____

NPI#: _____

Phone # _____ Fax# _____

Dr. Email Address: _____

Patient name: _____

Patient age, sex, DOB: _____

Dx and Brief History: _____

Current Medications:

Previous Medications:

X-Ray/CT Scan results: _____

Lab Data/Information (E.G. cultures and susceptibilities) _____

What Questions would you like addressed?: _____

Other Patient information/Concerns or attach a brief summary of the case _____

Dr.'s Signature required _____