



MODERN CONCEPTS  
Medical Group

# Phone Consultation & Request

Name:	D.O.B:	Date:
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*Phone Call Requested By:*

*Return Phone Number:* (     )

## CALL ISSUE

- Acute Illness or New Complaint
- Medication request, question, or change
- Chronic Illness issue or question
- Medical Advice or similar question

PATIENT REQUEST / COMPLAINT: \_\_\_\_\_

PATIENT REASONING / JUSTIFICATION: \_\_\_\_\_

\_\_\_\_\_  
Nurse / MA Signature

Physician's Note:

*Physician's Signature:* \_\_\_\_\_

**\* Any NEW prescriptions resulting from this request must be on prescription pad**

**\* File this form in progress note section of patients chart**