Middle Tennessee Medical Group

Michael Laccheo, MD
Rheumatologist

RHEUMATOLOGY CONSULT ORDER FORM

Submit online or obtain more forms at laccheo.com/consult

Patient Name: _____ DOB:_____

Patient's phone numbers:

Mobile: _____ Home: _____ Work: _____

Patient Address: _____

City: _____ State: ____ Zip: _____

Reason for consult:

_____

_____

_____

- ☐ Second opinion: _____ (send prior rheumatologists notes)
- ☐ Abnormal lab: _____ (send a copy of the lab(s))
- ☐ Prior established diagnosis: _____ (send prior rheumatologist notes)

Ordering MD/DO/ARNP/PA: _____

Phone: _____ Fax: _____

Provider signature: _____

****Please fax or electronically submit all relevant clinical notes, labs and radiographs including prior evaluations by other rheumatologists in order to avoid duplicate testing and delayed treatment.*****

Thank you.

For use by MTMG staff only

Appointment Info:

Date: _____ Time: _____ am/pm By: _____ (initials)

Patient informed for appointment: ☐ Yes ☐ No By: _____ (initials)

Referring office informed of appointment: ☐ Yes ☐ No By: _____ (initials)