CONSULTANTS
IN INFECTIOUS DISEASE

Steve Rademacher, MD
James Nora, MD
Daniel Smith, MD
Cindy Pieper, PA-C
Taylor Straube, APRN-NP
Claire Green, APRN-NP

A Culture of Compassion

REFERRAL REQUEST FORM

Please fill out completely and send all requested records to ensure a quick referral process for the patient.
We will not schedule the patient until all required records are received.

Please indicate clearly if this is an URGENT referral.

Patient Name:_____ DOB:_____

Patient Phone Number: _____

Does this patient speak English? Yes / No (circle one)

Reason for Referral: _____

Referring Provider: _____

Referring Provider fax/phone: _____

Required Documents:

- Completed referral form
- Recent and pertinent office visit notes
- History and Physical
- Labs relating to referral diagnosis
- Current medication list and allergies
- Demographic information with insurance card

Please fax all required documents to **402-489-8492**.

Thank you for allowing us to participate in the care of your patient.

Consultants in Infectious Disease, LLC