Reset this form

Please print and fax completed form to 206-598-5876.
If you are using ADOBE ACROBAT READER, you cannot save the text you enter below.

Print this form

REFERRED TO: ☑ **Provider:** ☑ UWMC ☐ HMC ☐ CHMC ☐ OTHER: | DATE

PROVIDER NAME (PLEASE PRINT)	PATIENT NAME (PLEASE PRINT)
Paul Pottinger, MD	
SPECIALTY/SERVICE: Infectious Diseases Medicine	ADDRESS
ADDRESS: 1959 NE Pacific Street, Box 357185, I-104	CITY/STATE
CITY/STATE: Seattle, WA ZIP: 91895	TELEPHONE NUMBER ZIP
TELEPHONE NUMBER: (206) 598-4615 Fax (206) 598-2105	APPOINTMENT/ADMIT DATE / APPOINTMENT DATE

REASON FOR CONSULTATION: ☐ Opinion Only ☑ Assume Charge of Aspect of Patient ☐ Assume Charge or Transfer Patient

Primary Diagnosis:
Positive Culture following Shoulder/Elbow Surgery

Diagnosis That Suggests Consult:
Positive Culture following Shoulder/Elbow Surgery

Pertinent History and Physical:

Positive Culture following Shoulder/Elbow Surgery. Please see lab data and report sent in email.

REFERRED BY: ☑ **Provider:** ☐ UWMC ☐ HMC ☐ CHMC ☑ Other: Bone and Joint Surgical Center | DATE

PROVIDER NAME (PLEASE PRINT) UPIN	DATE RETURNING TO REFERRING CLINIC
Frederick A. Matsen III	
SPECIALTY/SERVICE: Orthopaedics - Shoulder and Elbow	☐ INTERPRETER
ADDRESS/MS: 4245 Roosevelt Way NE	
CITY/STATE: Seattle / WA ZIP: 98105	☐ PLEASE **NOTIFY** REFERRING PHYSICIAN WHEN APPOINTMENT HAS BEEN SCHEDULED.
TELEPHONE NUMBER: (206) 598-4288	

PT.NO

NAME

DOB

UW Medicine
Harborview Medical Center – UW Medical Center
University of Washington Physicians
Seattle, Washington

PROFESSIONAL CONSULTATION REQUEST

U0455

UH0455 REV DEC 05

WHITE – MEDICAL RECORD
CANARY – CONSULTING SERVICE
PINK – REFERRING PHYSICIAN

PROGRESS – **BLUE**