MEDICAL EXERCISE ASSOCIATES
Michael N. Fulton M.D. • Brent N. Fulton M.D.

MICHAEL N. FULTON, MD
BRENT N. FULTON, MD
3127 West International Speedway Boulevard
Daytona Beach, Florida 32124
Phone: (386) 258-9502
Fax: (386) 239-9781
Website: http://medicalexerciseassoc.com/

REQUEST FOR CONSULTATION

Circle one:

MICHAEL FULTON, MD BRENT FULTON, MD THOMAS YOUNG, DC

Date: _____

Referring Physician: _____

Referring Contact: _____ Email: _____

Contact Phone: ( ) _____ Fax: ( ) _____

I am referring the following patient for Evaluation/Treatment for Orthopaedic Rehabilitation in your clinic:

Patient Name: _____ DOB: _____ M/F: _____

Home Phone: ( ) _____ Cell Phone: ( ) _____

Diagnosis: _____

PLEASE ATTACH A COPY OF THE INSURANCE CARD(S)

First Insurance: _____ Phone: ( ) _____

Claim Address: _____

Policy Holder Name: _____ Policy Number: _____

Relation to Patient: _____ Group #: _____ Auth #: _____

Second Insurance: _____ Phone: ( ) _____

Claim Address: _____

Policy Holder Name: _____ Policy Number: _____

Relation to Patient: _____ Group #: _____ Auth #: _____

Thank you for providing our office with the above information to ensure your patient's initial evaluation is as complete as possible. Please do not hesitate to contact our office with any questions.

IMPORTANT: ATTACH MOST RECENT TEST RESULTS AND NOTES.