

**Endocrinology Consult**

Jennifer T. Batch, MD

1208 Guy Pickle Dr.

Amory, MS 38821

Phone: (662)256-3120 Fax: (662)256-7092



**PRIORITY**  
Family & Urgent Care

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_ D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Insurance: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Ordering Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Diagnosis**

Diagnosis: \_\_\_\_\_

Diagnosis Code: \_\_\_\_\_ (MUST provide ICD-10 Code)

**Requested Service(s)**

**Endocrinology**

Consultation with an Endocrinologist (Adults 18 years and older ONLY)

Reason for referral: \_\_\_\_\_

Interpreter required:  No  Yes Language: \_\_\_\_\_

**\*Facesheet/insurance card, current medications and allergies, office note and when available:**  
**Diabetes/Metabolic Syndrome/Obesity:** CMP, last A1c, lipid panel, urine microalbumin, eye exam reports  
**Thyroid Disease:** thyroid labs, thyroid/neck ultrasound/CT/MRI, thyroid uptake and scan, thyroid biopsy/pathology reports, thyroid surgery reports  
**Gonadal Disorders (Low Testosterone/PCOS/Amenorrhea):** blood and urine lab results, pituitary/brain CT/MRI, pelvic ultrasound, sleep study  
**Calcium/Parathyroid/Osteoporosis:** blood and urine lab results, parathyroid scan, renal ultrasound, DEXA scan reports.  
**Adrenal Gland Disease:** blood and urine lab results, adrenal/abdominal CT/MRI.  
**Pituitary Gland Disease:** blood and urine lab results, pituitary/brain CT/MRI, eye exam reports, pituitary biopsy/pathology reports, pituitary surgery reports.

**\* Please fax this completed and signed order along with the requested records to 662-256-7092. For peer-to-peer discussion or questions please contact us at 662-256-3120.\***

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider NPI Number: \_\_\_\_\_

Provider Clinic Address: \_\_\_\_\_