



Dr. Ifath Bashiruddin Dr. Rashid Dalal

Dr. Marcia Wendland
Ph: 618-239-9500 Fax: 618-239-9555
www.midwestnha.com

Requesting Physician: _____ Phone: _____ Fax: _____

Patient Information:

Patient Name: _____ DOB: _____ SSN#: _____

Home Number: _____ Cell: _____ Work: _____

Address: _____ City: _____ Zip: _____

Insurance: _____ Policy#: _____

Group#: _____ Prior Authorization Information (If any): _____

Please fax insurance authorization with this request.

If no authorization is required from patient's insurance, please indicate such.

Reason for Consultation:

Acute Condition

Chronic Condition

Nephrolithiasis

Diagnosis: _____

Check list for supporting documents that need to be faxed with this form:

Pertinent History

Diagnostic Reports

List of Medications/Allergies

Radiology/Ultrasound Reports

3 Most Recent Labs

Most Recent Office Notes

Location Requested

Belleville (All) Sauget (Dalal) Granite City (Dalal) Breese (Bashir) Highland (Dalal)

Physician Requested

Ifath Bashiruddin, MD Rashid Dalal, MD Marcia Wendland, MD First Available

Form Completed By: _____ Date: _____