



## Request for Gynecology Consult

FAX: (888) 876-4773

### Patient Information:

\_\_\_\_\_  
Patient Date of Birth

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

### Clinic Location Requested:

1688 N. Casaloma Dr., **Appleton**, WI

2641 Development Dr., **Green Bay**, WI

704 S. Webster Ave, Ste. 110, **Green Bay**, WI

3200 Shore Dr., Ste. 3, **Marinette**, WI

### Requested Provider:

Dr. Coussons

Dr. Mbah

Dr. O'Toole

Dr. Temp

Dr. Ough

### Reason for Consult:

Contraception

Heavy Bleeding

Infertility

Pelvic Pain

Pelvic Ultrasound

Other \_\_\_\_\_

### Support Material:

Please find attached \_\_\_\_\_ pages of medical records, imaging, and other relevant information.

\_\_\_\_\_  
Requesting Provider

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

*Women's Specialty Care will contact the patient and schedule the appointment.*

*For Office Use:*

\_\_\_\_\_  
*Patient Request*

\_\_\_\_\_  
*Scheduler Name*