

Athletic Trainer Consultation Request

Date:

I request a Pediatric Sports Medicine consultation for the following patient:

(Name)

To evaluate the following problem:

(Medical complaint/ problem)

Please send the consultation report to me at:

_____, ATC

_____ Fax

Fax this request to: Kody Moffatt, MD (402-955-6529)

Phone: 402-955-PLAY (7529)