Dr. Challa &
KMC
PLASTIC SURGERY
Beyond the Surface

Request for Consultation

6001 SW 6th Ave. Suite 310– Topeka, Kansas 66615
Phone # 785.271.2297 Fax # 785.271.2295

☐ Carla Skytta, DO ☐ Michael Gross, MD

Date: _____ Contact: _____

Referring Physician: _____ Fax: _____

PATIENT INFORMATION:

Patient's Full Name: _____Date of Birth: _____

Address: _____City/State/Zip: _____

Primary Phone: _____Alternate Phone: _____

Insurance Carrier: _____Insurance ID: _____

Policy Holder's Name: _____Policy Holder's Birth Date: _____

Diagnosis/Symptoms (*please be as specific as possible):* _____

_____

_____

☐ Patient NOT Scheduled ☐ Patient Scheduled

Special Scheduling Request: _____ OR FIRST AVAILABLE

Fax this for to the appropriate location with any applicable forms including: office notes, x-rays, lab, pathology results, copy of insurance cards, and any scans/special procedures.

FOR KMC OFFICE USE:

Procedure/Consult Date: _____Time: _____

Faxed to referring physician: _____Date: _____

Please have patient call appropriate location to reschedule appointments.