

MEDICAL CONSULT APPOINTMENT REQUEST _____

Date

1. A consult has been ordered for you by:

_____ for _____ at _____
(provider) (clinic) (location)

2. To schedule this appointment you must call the TRICARE Regional Appointment Center TWO working days from today.

PH # 1-800-404-4506 Monday-Friday 0700-1800

Example: ordered on Tuesday, call Thursday, ordered on Friday call on Tuesday.

3. Appointment scheduled for _____ at _____

3. If you are unable to make this appointment please call the Appointment Center and reschedule or cancel.

NHBREM 7100/1(REV 10-02)

ORIGINATOR: HEALTH CARE OPTIONS

NOTE KEPT IN MEDICAL RECORDS JACKET

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