



**1440 FM 2931 Ste B, Aubrey, TX 76227**  
**Office: (940) 365-9600 Fax: (877) 747- AVID (2843)**

### **PHYSICIAN CONSULTATION**

Date:		Consumer:	
Physician:		Specialty:	

Reason For Consultation:	
Current Medications:	
Allergies:	
Findings:	
Recommendations/Order:	

Physician's recommended return date: \_\_\_\_\_ or as needed.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date