CONSULTANTS IN
LABORATORY
MEDICINE
OF GREATER TOLEDO INC

CONSULT REQUEST

Please fax consult requests to:
1.877.CLM.DOCS
(1.877.256.3627)

CLM will dispatch staff to collect information from chart.

Date _____

Patient's First Name **MI** **Last** _____

Birthdate (MM/DD/YY) _____

Physician (please print) _____

Physician Signature _____

Office Phone Number _____

REASON FOR CONSULT

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3170 W. Central Avenue • Toledo, Ohio 43606 • 419.534.2134 • www.clm-pml.com

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