



Tuberculosis Medical Consultation

Instructions: Complete all fields and save the file. Open a new email message, attach the file and send to TBCENTER@mayo.edu. Adobe Reader 11 or Acrobat is required to save the form.

Fill in the form below including a descriptive question. A consultant will review your information and will contact you by phone or email.

* Required Field

*Name (First, Last Name)				
*Profession <input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Pharmacist <input type="checkbox"/> Other				
*Setting <input type="checkbox"/> Academic Institution <input type="checkbox"/> Community Health Center <input type="checkbox"/> Corrections <input type="checkbox"/> HIV Facility <input type="checkbox"/> Hospital <input type="checkbox"/> Local Health Department <input type="checkbox"/> Nursing Home <input type="checkbox"/> Private Practice <input type="checkbox"/> Regional/State Health Department <input type="checkbox"/> Substance Abuse Center <input type="checkbox"/> Other _____				
*Phone	<input type="checkbox"/> Office <input type="checkbox"/> Cell <input type="checkbox"/> Pager	Alternate Phone	<input type="checkbox"/> Office <input type="checkbox"/> Cell <input type="checkbox"/> Pager	*Email
*Facility Name			*Address	
*City			*State	*ZIP Code
*Patient County of Residence			*Best Contact Time	*Need Answer <input type="checkbox"/> Today <input type="checkbox"/> Later than today
<input type="checkbox"/> Check this box to request that a copy of your consult not be emailed to your state tuberculosis program.				
*Question				