

# 2<sup>nd</sup> Opinion Hotline

Log on to [www.jacktips.com](http://www.jacktips.com)  
or fax to: Dr. Jack Tips, Apple-A-Day  
512-263-7787

From: \_\_\_\_\_

Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

Patient Info: Name: \_\_\_\_\_ Gender: **M** **F** Age: \_\_\_\_\_ Sensitive? **Y** **N**

Chief complaints (brief diagnosis/evaluation). List highest priority first.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Specific information about highest priorities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Include lab report/questionnaire, if available.

## REPLY

Upon arising \_\_\_\_\_

With Breakfast \_\_\_\_\_

Mid AM \_\_\_\_\_

With Lunch \_\_\_\_\_

Mid PM \_\_\_\_\_

With Supper \_\_\_\_\_

Before Bed \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

To order formulas: call 1-800-445-4647