



Mountaineer Doctor Television
ROBERT C. BYRD HEALTH SCIENCES CENTER

Telemedicine Consultation Log Form

Complete and return this form to the office of MDTV via:

Fax: 304-293-8565

Email: cbarnes@hsc.wvu.edu

Date of Service	
Referring Specialty	
Referring Physician	
Referring Facility	
Inpatient/Outpatient	
Patient Name	
Date of Birth	
Reason for Referral	
Morgantown Provider	
New/Return	
Duration of Consult (min)	
Diagnosis	