**Patient-Specific Inquiries**

For inquiries regarding a specific patient’s need for care, please complete the form below an email it to PSV at [PSVDocs@PSVCare.org](mailto:PSVDocs@PSVCare.org) or FAX to 703.839.8798.

**Disclaimer:** Since your inquiry contains protected Personal Health Information (PHI), be sure to encrypt or use secure channels to send it to PSV. Our encrypted response or personal phone call will come back to the requestor within 24 hours depending on the inquiry and time placed. If you have any questions or need assistance, dial the For Clinicians Only Line at 703.PSV.1234 (778-1234). Should PSV be unable to respond to the inquiry within one business day because of the nature of the question raised or the availability of the requested physician, we will contact you within that period to see if other arrangements should be made to meet your needs.

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| All Required Fields | Please Print to Complete Identification Fields |
| Requestor’s Name (First, Last) |  |
| Direct Response to:  Email Address: |  |
| Phone Number |  |
| Practice/Physician’s Name |  |
| Patient’s Name (Last, First) |  |
| Date of Birth (month/day/year) |  |
| Patient’s Condition/Diagnosis (if known) |  |
| Direct Inquiry to Respective PSV Specialty and Point of Contact (e.g., Endocrinology, On-Call Physician, Dr. Jones) |  |
| Inquiry/Request (750 word limit) - | |