

Figure 1:

C.U.R.E. Survey: Consult Response Time Log Sheet Physician: _____

Pt initials	Specialty	Referring Diagnosis/ Chief complaint	Doctor- doctor phone call? (Yes, No)	Pt sent to ED after call? (Yes, No)	Date Request Sent	Date Reply Received	Date Pt Appointment

FAX completed sheets to CURE office. NOTE: Please remove PT initials before faxing