



Nurse Practitioner Consultation and Referral Statement

Section A To be completed by the Nurse Practitioner and forwarded to the employer or physician(s) with whom the arrangement for consultation, referral and transfer or any patient has been made.

Surname Given Name Registration #

Street City Province Postal Code

Telephone Number Email

Employer Name and Facility

Section B To be completed by employer or physician. Please complete and return directly to the Nurses Association of New Brunswick.

This is to confirm that the above named person in my employ has access to a medical practitioner for consultation, referral or transfer of any patient,

or

This is to confirm that the above named person has an arrangement with me for consultation, referral or transfer of any patient.

Printed Name

Signature

Title

Facility

Date

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Telephone Number