Dartmouth Health

Dartmouth Hitchcock Clinics

Phone: (603) 577-4141
Fax: (603) 676-4080
Medically Urgent Fax: (603) 640-1909

Referring Provider: _____ Office Phone: _____

Practice Name: _____ Fax: _____

Practice Address _____PCP Name: _____

Patient Name: _____ MRN# _____

DOB: _____ Cell Phone _____ Home Phone _____Work Phone _____

Mailing Address: _____

Will a supplied interpreter be needed for this appointment? ❑ No ❑ Yes Language:_____

Health Insurance: _____Subscribers Name: _____

Policy #: _____ Group# _____ Subscribers DOB _____

Referral for Surgery

❑ **Office Consultation for:** _____

❑ **Non-Urgent**-Fax to (603) 676-4080 ❑ **Urgent** Fax to (603) 640-1909 ❑ Lesion removal ❑ Worker's comp

D.O.I. _____

Testing done:

❑ MRI ❑ CT ❑ Mammo ❑ U.S. ❑ PET

❑ BaE ❑ Labs ❑ EGD ❑ CLP ❑ Other: _____

Facility: _____

Surgical Consults:

❑ Abdominal pain ❑ Breast ❍ Abn mammo _____ ❍ Lump _____ ❍ Other _____

❑ Hernia ❑ Hemorrhoids ❑ Pilonidal cyst ❑ Rectal pain ❑ Vasectomy

❑ Wound care. Location: _____

Lesion Removal: Consult required first for hand, face, or any lesion > 2 cm.

Type (i.e. nevus, lipoma): _____

Location: _____

Size: _____

Single Multiple – how many? _____

Allergic to Xylocaine: ❑ Yes ❑ No **Taking:** ❑ Coumadin ❑ Plavix ❑ Aspirin ❑ NSAIDS

May stop 5 days prior to procedure: ❑ Yes ❑ No