

## Outpatient Appointment Referral Form Physician Connection Line

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Thank you for submitting your referral. Please complete the information below, so we may process your request in a timely manner. Your office will be notified when an appointment has been secured.

Referring provider: \_\_\_\_\_ Office #: \_\_\_\_\_

Practice name: \_\_\_\_\_ Fax #: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Staff physician if different than above: \_\_\_\_\_

Patient name: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Primary care physician: \_\_\_\_\_ Office #: \_\_\_\_\_

*If different than referring provider listed above.*

### Management of care:

- Evaluate and treat
- We/the patient would like a 2<sup>nd</sup> opinion only.
- Please assume a subset of care.  
Specify: \_\_\_\_\_

### Presenting symptoms/diagnosis:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Service/appointment requested (check all that apply):

- URGENT
- Non-urgent
- Appointment preferred on \_\_\_\_\_ (day of week)
- Appointment preferred in AM or PM (please circle)

### Clinic required (check all that apply):

- Section/Clinic: \_\_\_\_\_
- DHMC to determine appropriate clinic
- Consultation with specific provider preferred:  
Provider's name: \_\_\_\_\_

### Provider notes attached to this request (check all that apply):

- Pertinent office notes with medication/dosage listing
- Pertinent lab and x-ray reports
- Other: \_\_\_\_\_
- All pertinent notes electronically available in CIS  
(DHMC Clinical Information System)

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### **\*\*To be completed by Physician Connection Line\*\***

#### To complete your referral request, the following is required:

- Complete and fax the attached form to: \_\_\_\_\_ at (603) 65\_\_\_\_ - \_\_\_\_\_
- Fax all pertinent office notes/films to: \_\_\_\_\_ at (603) 65\_\_\_\_ - \_\_\_\_\_
- Other: \_\_\_\_\_

Your patient's appointment has been scheduled on: \_\_\_\_\_ at \_\_\_\_\_ AM / PM

Location: \_\_\_\_\_