Dartmouth-Hitchcock

Dartmouth-Hitchcock Medical Center
1 Medical Center Drive
Lebanon, NH 03756-0001
Phone (603) 650-5261
Fax (603) 650-5225

GASTROENTEROLOGY & GENERAL SURGERY

W&C Young Pancreas Center Referral Form

Referring Provider:_____ Patient Name:_____

Office Phone: _____ DOB: __/__/__ DHMC MR# _____

Office Fax: _____Phone Number for Patient:

(Home):_____ (Cell):_____

Please check one:

- ☐ Emergent: Fax form *(call 603-650-5261 to alert staff an emergent referral review is needed)*
- ☐ Urgent (within 7 days): Fax this form with all pertinent information
- ☐ Stable (next available): Fax this form with all pertinent information
- ☐ Second Opinion: Fax this form with all pertinent information

Patient Diagnosis: _____

Patient Symptoms: _____

_____

Please include the following information:

- ☐ Patient Demographics
- ☐ Medication List
- ☐ Office Notes
- ☐ All Imaging Reports
- ☐ *If able:* Push all Imaging to DHMC
- ☐ All Procedural Reports
- ☐ All Surgical Reports
- ☐ All Lab Testing
- ☐ Stool Studies
- ☐ All other pertinent information

Please fax referral form and information requested above to: (603) 650-5225

** Please note, all referrals are reviewed on Tuesday morning- if additional imaging, labs or procedures are needed those will be scheduled on the same day as outpatient appointments.*
An appointment secretary will call the patient schedule appointments.
*Incomplete or illegible information on this form will result in a request for additional information which may delay the scheduling for your patient.**

Thank you for choosing Dartmouth-Hitchcock Medical Center for your patient's care.