Dartmouth Health

Dartmouth HItchcock Clinics

Phone: (603) 645-6407
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 Pulmonology

Urgent Requests please fax to (603) 640-1909 **Non-Urgent** fax to (603) 676-4800

Specific question to be answered by consult: _____

_____

Tentative diagnosis: _____

_____

Length of time patient has had symptoms: _____

_____

Data previously obtained to evaluate symptoms: _____

_____

Please forward all notes, medications list, CT scans/xray results and any other pertinent testing information.