

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 Gastroenterology & Hepatology | New Outpatient Consult Order (non-procedure)****Please check one:**

- Emergent (immediately)
- Urgent (within 10 days)
- Stable (next available): fax this form with all pertinent information
- Second Opinion (next available): fax this form with all pertinent information
- Patient has been seen previously by DHMC Gastroenterology and Hepatology

**Diagnosis and reason for consult:** \_\_\_\_\_ **All information is in eD-H****Check below the reports which will be faxed with this form to (603) 640-4080, Medically Urgent Fax: (603) 640-1909:**

- |  |   |  |                                     |
|--|---|--|-------------------------------------|
| <input type="checkbox"/> Patient demographics (required) | <input type="checkbox"/> Upper endoscopy            | <input type="checkbox"/> Blood work              | <input type="checkbox"/> CT scan    |
| <input type="checkbox"/> Medication list (required)      | <input type="checkbox"/> UGI series                 | <input type="checkbox"/> Stool occult blood work | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> Office notes (required)         | <input type="checkbox"/> Small bowel follow-through | <input type="checkbox"/> Other stool studies     |                                     |
| <input type="checkbox"/> Colonoscopy                     | <input type="checkbox"/> Prior abdominal surgeries  | <input type="checkbox"/> Other pertinent studies |                                     |

**Please note:** An appointment consultant will contact your patient to schedule an outpatient appointment. Incomplete or illegible information on this form will result in a request for additional information which will delay the scheduling of your patient.

Please let your patient know that if they do not hear from us within 72 hours, to call **(603) 650-5261** for immediate assistance.