Dartmouth Health

Dartmouth Hitchcock Clinics

Toll Free: (866) 346-2362
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 Outpatient Appointment

Lebanon / Concord / Keene / Manchester / Nashua: Fax (603) 676-4080 Medically Urgent Fax: (603) 640-1909

Thank you for this referral. Please complete the information below, so we may process your request in a timely manner. We will contact your patient prior to scheduling and your office will be notified when an appointment has been secured.

Clinic Requested

Section/Clinic: ______________________

Consultation Provider Request (if available) ______________________

Presenting Symptoms/Diagnosis ______________________

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❑ Management of Care ❑ Evaluateand treat

❑ Second Opinion ❑ Assume a subset of care

Notes associated with this request: ______________________

Other instructions: ______________________

❑ Notes are available in eD-H EMR

❑ Pertinent office notes with medication/dosage listing are attached

❑ Pertinent lab and radiologyreports are attached

Urgency

❑ **Medically Urgent** (24 - 72 hours) May require a provider-to-provider phone call

❑ **Routine/Non-Urgent:** Scheduling will work with patient to schedule

Notes associated with this request: ______________________

Other instructions: ______________________

❑ Notes are available in eD-H EMR ❑ Pertinent office notes with medication/dosage listing are attached

❑ Pertinent lab and radiology reports are attached