



GASTROENTEROLOGY & GENERAL SURGERY

TPIAT Referral Form
Total Pancreatectomy w/ Islet Auto Transplantation

Referring Provider: _____ Patient Name: _____

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

Office Fax: _____ Phone Number for Patient:
(Home): _____ (Cell): _____

Patient Diagnosis: _____

Patient Symptoms: _____

Information required w/ referral:

- Patient Demographics
- Medication List
- Office Notes
- All Imaging Reports for past 2 yrs
- Push all Imaging to DHMC
- All labs for past 2 yrs
- All Surgical Reports

Information requested if available:

- Endoscopic Ultrasound Reports
- All Procedural Reports
- Gastric Emptying Scan
- All Lab Testing
- Stool Studies
- Colonoscopy/Upper Endoscopy
- All other pertinent information

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

Patient's information will be reviewed by Dr. Timothy Gardner & Dr. Kerrington Smith. They will determine if the patient should go through the evaluation process. We will alert your office once it has been reviewed.

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