

Gastroenterology and Hepatology

New Outpatient Consult Order Form (non-procedure)

Referring Provider:	Patient Name:
Office Phone:	DOB DHMC MR#
Office Fax:	Daytime phone # for patient:

<u>Please note</u>: An appointment secretary 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 may 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) 650-5206 for immediate assistance.

Please check one:

□ Emergent (immediately): call (603) 650-5261.

Urgent (within 10 days): call (603) 650-5206.

- 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 at DHMC Gastroenterology and Hepatology and needs a follow up.

Diagnosis and reason for consult: _____

□ All information is in eD-H	or		
Please check below the reports which	will be faxed with this form to (603) 650-5225:	
Patient demographics (required)	Upper endoscopy	Blood work	CT scan
Medication list (required)	UGI series	Stool occult blood work	Ultrasound
Office notes (required)	Small bowel follow-through	Other stool studies	
Colonoscopy	Prior abdominal surgeries	Other pertinent studies	
**	Please have patient hand	carry films **	
Ordering physician's signature (required):		Date:	
Thank you for your referral to D	Partmouth-Hitchcock Medical Center	s Section of Gastroenterology an	d Hepatoloay.