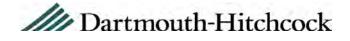
## **Dartmouth-Hitchcock Medical Center**



1 Medical Center Drive Lebanon, NH 03756-0001 Phone (603) 650-6734 Fax (603) 650-5225 www.dhmc.org

GASTROENTEROLOGY & HEPATOLOGY Interdisciplinary Liver Tumor and Transplant Clinic

## Liver Tumor and Liver Transplant Referral Form

Thank you for your referral to the Dartmouth Hitchcock Interdisciplinary Liver Tumor and Transplant Clinic. <u>To ensure a timely and efficient review of your patient's case, please be</u> <u>sure to send us the following information:</u>

Records to be faxed with referral (to 603-650-5225 attn: Nakita):

- □ Patient demographics, diagnosis, and referring MD name
- □ Laboratory results from the past 6 months (or most recent if not drawn within the past 6 months)
- □ Most recent office note with complete History and Physical
- □ Any liver biopsy/pathology results
- □ Any abdominal imaging reports
- Any GI reports (colonoscopy, upper endoscopy, etc)

Also needed:

- □ All abdominal imaging needs to be sent on disc or pushed through electronically to our FILM LIBRARY.
- □ Any liver biopsy slides need to be sent for second interpretation to our PATHOLOGY DEPARTMENT.
  - o Rolland Dickson, MD can be listed as the receiving physician for these

Once we have received the above records and imaging, we will have the patient's case reviewed by our Liver Tumor/Transplant Nurse Coordinator and the patient will be contacted with appointment dates and times.

## SCHEDULING AND CASE REVIEW WILL BE DELAYED UNTIL ALL RECORDS AND IMAGING ARE RECEIVED.

If you have any questions or concerns, please contact us at 603-650-6734.

Thank you! The Hepatology Team