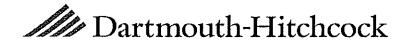
## **Dartmouth-Hitchcock Medical Center**



1 Medical Center Drive lebanon, NH 03756-0001 Phone (603) 650-5261 Fax (603) 650-5225

GASTROENTEROLOGY & GENERAL SURGERY

## W&C Young Pancreas Center Referral Form

Referring Provider: P Office Phone: P Office Fax: P Please check one:			
			Phone Number for Patient:
	(Home):(Cell);		
	<ul> <li>□ Emergent: Fax form (call 603-650-5261 to alert staff an emergent referral review is needed)</li> <li>□ Urgent (within 7 days): Fax this form with all pertinent information</li> <li>□ Stable (next available): Fax this form with all pertinent information</li> <li>□ Second Opinion: Fax this form with all pertinent information</li> </ul> Patient Diagnosis:		
Patient Symptoms:			
Please include the following information:			
☐ Patient Demographics			☐ All Procedural Reports
☐ Medication List	☐ All Surgical Reports		
☐ Office Notes	☐ All Lab Testing		
☐ All Imaging Reports	☐ Stool Studies		
☐ <i>If able:</i> Push all Imaging to DHMC	<ul> <li>All other pertinent information</li> </ul>		

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

\* Please note, all referrals are reviewed on Tuesday morning- if additional imaging, labs or procedures are needed those will be scheduled on the same day as outpatient appointments.

An appointment secretary will call the patient schedule appointments.

Incomplete or illegible information on this form will result in a request for additional information which may delay the scheduling for your patient.\*

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