Dartmouth-Hitchcock
MANCHESTER

Phone: (603) 645-6401
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Providers:
Yanping Kong, MD, PhD
Pallavi Guddeti, MD

Endocrinology (Adult)

Referral Appointment Request Form

Clinical Information: Please note that an Endocrinology referral coordinator will be contacting the patient directly 3-5 days after receiving the below listed information to make the appointment based upon the information given on this sheet.

Please complete patient information below, or attach patient demographic information before faxing.

Today's Date: _____ DOB: _____ ❑ Male ❑ Female

Patient's Name: Last _____ **First** _____ **MI** _____

Address: _____ City, ST: _____ Zip: _____

Home #: _____ Work #: _____ SSN: _____

Name of Insurance: _____ ID #: _____ Insurance Referral Required? ❑ Yes ❑ No

Language assistance needed: ❑ No ❑ Yes Specify language: _____

Referring Provider: _____ Office Phone: _____

Contact Name: _____ Office Fax: _____

Address: _____

Email address: _____

Primary Care Provider (if different from above): _____

Office Phone: _____ Office Fax: _____

Specific question to be answered by consult:

_____

_____

_____

Labs:

TSH: _____ Free T4: _____ HgbA1c: _____ Testosterone: _____ 25 OH Vit D: _____

Chol: CA: _____ M AG: Ins _____ Ulin: _____ PTH: _____

Radiology: _____

_____

Before faxing this referral form, please check the following information which is included so that we may process your referral in a timely fashion.

❑ Pertinent office notes (necessary) ❑ Medication list (necessary) ❑ Additional pertinent testing information

❑ Labs (if applicable) ❑ X-ray reports ❑ Insurance referral (if required)