Dartmouth-Hitchcock
MEDICAL CENTER

Phone: (603) 650-5261
Fax: (603) 676-4068

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: _____

Please note: 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 will 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) 650-5261** for immediate assistance.

Please check one:

- ❑ **Emergent (immediately)**
- ❑ **Urgent (within 10 days)**
- ❑ 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 previously by DHMC Gastroenterology and Hepatology

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) 676-4068**:

- ❑ Patient demographics (required)
- ❑ Medication list (required)
- ❑ Office notes (required)
- ❑ Colonoscopy
- ❑ Upper endoscopy
- ❑ UGI series
- ❑ Small bowel follow-through
- ❑ Prior abdominal surgeries
- ❑ Blood work
- ❑ Stool occult blood work
- ❑ Other stool studies
- ❑ Other pertinent studies
- ❑ CT scan
- ❑ Ultrasound

** **Please have patient hand carry films if not pushed electronically** **

Ordering physician's signature (required): _____ **Date:** _____

Thank you for your referral to Dartmouth-Hitchcock Medical Center's Section of Gastroenterology and Hepatology.