



**CREST**

One Medical Center Drive  
Lebanon, NH 03756-0001  
Phone (603) 653-0424  
Fax (603) 727-7462  
Dartmouth-Hitchcock.org

## Case Conference Submission Form

Referring hospital/provider:

Patient name/date of birth:

Visit date:

Clinical condition/diagnosis:

Questions/issue to be reviewed (these may be clinical, operational, or other as desired, but the more specific the better):

a)

b)

c)

d)

Please email this to Emma Winchell at [CREST@hitchcock.org](mailto:CREST@hitchcock.org).

Thank you!