Dartmouth Health

Dartmouth Hitchcock Medical Center
DEPARTMENT OF MEDICINE
SECTION OF INFECTIOUS DISEASE AND INTERNATIONAL HEALTH

POST-ACUTE COVID SYNDROME (PACS) CLINIC

REFERRAL FORM

Dartmouth Hitchcock Medical Center - Lebanon
Toll free (Physician Connection Center): 1-866-DHMC DOC (346-2362)
PACS Clinic Phone: (603) 650-9484
Fax: (603) 676-4080

Thank you for this referral. Please complete the information below so we may process your request in a timely manner. We will contact your patient prior to scheduling, and your office will be notified when an appointment has been made.

Referring provider (PCP strongly preferred): _____

Office #: _____ Fax #: _____

Practice name: _____

Contact person: _____ Phone #: _____

PCP (if different than above): _____ Office #: _____

Patient name: _____ **DOB**: _____

Mailing address _____

Home #: _____ Cell #:_____ Work #: _____

Is a Dartmouth-Hitchcock (D-H) interpreter needed for this appointment? ☐ No ☐ Yes (Language:_____)

***Insurance** (required field): _____ **Policy #**: _____

***Group #**: _____ **Subscriber name**: _____ **Subscriber DOB**: _____

***Please include copy of the insurance card with records.*

Presenting symptoms/diagnosis: _____

REQUIREMENTS FOR REFERRAL

☐ Patient is ≥18 years old

☐ Positive SARS-CoV-1 PCR or antigen, or positive SARS-CoV-2 nucleocapsid antibody (**please provide**)

☐ Pertinent office notes with medications, vital signs, labs (CBC, CMP)

Health Information Services

Scan to: External Correspondence (PACS Referral)