

Referring Provider: _____ Office Phone: _____

Practice Name: _____ Fax: _____

Practice Address _____ PCP Name: _____

Patient Name: _____ MRN# _____

DOB: _____ Cell Phone _____ Home Phone _____ Work Phone _____

Mailing Address: _____

Will a supplied interpreter be needed for this appointment? No Yes Language: _____

Health Insurance: _____ Subscribers Name: _____

Policy #: _____ Group# _____ Subscribers DOB _____

Referral for Endocrinology, Diabetes, and Metabolism

Please send all relevant information (notes, labs, and imaging) when making a referral. Additionally, the listed items need to be included (from within the past three months, unless otherwise noted) for the following conditions:

Diabetes

- Hemoglobin A1C (last month)
- Lipid (cholesterol) panel (last year)
- Albuminuria (microalbumin) screen (last year)

Hypercalcemia

- Calcium (with albumin)
- Parathyroid hormone (PTH)

Hyperthyroidism/thyrototoxicosis

- TSH
- Free T4
- Total T3

Osteopenia/osteoporosis

- Bone density scan (DEXA) (last two years)
- 25-OH vitamin D
- Calcium

Thyroid nodule

- TSH
- Thyroid imaging report (ultrasound preferred if no imaging previously obtained)

Please call the Endocrinology Department with questions at (603) 650-8630.