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:

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Labs:

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

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

Radiology: ______________________

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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)