



GASTROENTEROLOGY AND HEPATOLOGY
Outpatient Consult Form (non-procedure)
Phone: (603) 650-5261 Fax: (603) 650-5225

Referring Provider:		Patient Name:	
Office Phone:		DOB:	
Office Fax:		DHMC-MR#:	
Please Note: An appointment secretary will contact your patient to schedule an outpatient appointment.		Daytime phone number for your patient :	
<u>Emergent (Immediately)</u> Please call (603) 650-5261	<u>Urgent (Within 10 days)</u> Please call (603) 650-8150	<u>Stable (Next available)</u> Please fax this form with all pertinent information.	
<u>Reason for Consult:</u>			

Please indicate if records are available in CIS

OR

Please fax copies of the following reports (if indicated) to **(603) 650-5225**:

Patient Demographics (required)

Medication List (required)

Office Notes (required)

Colonoscopy

Upper Endoscopy

UGI Series

Prior Abdominal surgeries

Blood work

Stool Occult Blood Work

Other Stool Studies

CT Scan

Ultrasound

Small Bowel Follow-through

Other Pertinent Studies

****Please have your patient hand carry all films****

Please note: Incomplete or illegible information on this consult form will result in a request for additional information which may 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.

Thank you for your referral to DHMC's Section of Gastroenterology and Hepatology.