

Lahey Hospital & Medical Center: Transplantation & Hepatobiliary Diseases Referral Form

Thank you for choosing Lahey, we look forward to partnering with you in your patient's care. Please check what the referral is for:

Liver Transplant Hepato-pancreato-biliary Consult Routine Urgent

Date: _____ # of Pages faxed: _____

Referring Provider Information:

Referring MD: _____ Medical Group: _____

Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Patient Information:

Last name: _____ First Name: _____ MI: _____

DOB: ___/___/___ Gender M F Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Needs Interpreter: Yes No Language: _____

Please include complete demographic sheet including insurance information

Reason for Referral:

Primary Diagnosis: _____ Secondary Diagnosis: _____

Required Documents. Please send with this form or ASAP.

Missing documents may result in delayed scheduling.

- H&P/office note
- EGD/colonoscopy (pathology report)
- Medication/allergy list
- Immunization record
- Most recent labs
- Imaging reports (please include disk if available)
- Pathology/biopsy results
- Other notes and reports if applicable
- Full demographic sheet with insurance information

For internal use only: Spoke to Patient Appointment Made Missing documents

Lahey MRN:

Notes: