

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** (please write out the diagnosis):

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: