Dartmouth Health Children's

Dartmouth Hitchcock Clinics

Phone: (866) 346-2362
Fax: (603) 640-1206

Specialties Referral Form

Referring Provider		Office Phone
Practice Name		Fax
Practice Address		PCP Name
Patient Name		MRN#
DOB ☐ Male ☐ Female	Cell phone	Home phone
Mailing Address		
Parent/Guardian Name (Last, First)		Phone
Will a supplied interpreter be needed for this appointment? ☐ No ☐ Yes		Language
Health Insurance	Subscribers Name	
Policy #	Group #	Subscriber DOB

Please select the service requested: ☐ Consultation, test and treat ☐ Known dx – assume subset and care ☐ Test only

Urgency of Appointment: ☐ Routine ☐ Urgent Explain: _____

Please select the specialty requested:

- ☐ Cardiology (Pedi Cardiolog, Adult Congenita, Fetal Echocardiogram)
- ☐ Endocrinology
- ☐ Gastroenterology
- ☐ Nephrology
- ☐ Neurology
- ☐ Pulmonology

Please attach with this form insurance information, relevant office records and/or prior lab studies/images.