



Rhode Island Hospital
A Lifespan Partner

Rhode Island Hospital
2 Dudley Street
Cooperative Care Building (Coop) 1st Floor
Providence, RI 02905 Phone 401-444-5471 Fax: 401-444-4557
<http://www.lifespan.org/rih/services/ambulatory/>

GENERAL SURGERY

MR#

Session Times: Tuesdays

Please note: Surgery may not be scheduled for patients without insurance until they have been seen by RIH Patient Financial Services, unless the condition is urgent.

Lesions on face should be referred to Plastic Surgery (444-7352)

Patient's Name:	_____	Date of Referral:	_____
Address:	_____	Requesting Physician:	_____
DOB:	_____	Sex:	_____
SS#:	_____	Address:	_____
Interpreter Required: Y N	_____	Language:	_____
Phone:	_____	Phone:	_____
Insurance:	_____	Fax:	_____

PLEASE REVIEW THE FOLLOWING GUIDELINES AND INCLUDE THE REQUIRED INFORMATION WITH THE REFERRAL. *Please note that when required all blood-test results must accompany the referral. Patients with no insurance, in need of plain x-ray, may proceed to the Rhode Island Hospital (RIH) radiology department with an appropriate order from the referring clinician. US, CT, MRI must first be scheduled by the referring clinician and the patient must call 444-7850 to speak to a Patient Financial Services (PFS) advocate if they choose to seek financial assistance from RIH. Thank-you!*

GUIDELINES	Please follow the guideline below to facilitate patient care	
All REFERRALS:	Include pt's last PE, progress note for visit that generated referral, current med list & pertinent labs	
BREAST MASS	Call 444-7304 for urgent appointment	
RECTAL MASS		
GI TRACT MALIGNANCY	Call 444-7304 for urgent appointment	
THYROID NODULE	Include TFT, CBC, & PPD results with referral	
LYMPHADENOPATHY	Call 444-7304 for urgent appointment	
	Include TFT, CBC, PPD & Chest X-ray results with referral	
FEMORAL INCISIONAL, INGUINAL, UMBILICAL VENTRAL, AND HIATAL HERNIA	Considered appropriate for direct referral to General Surgery Clinic	
LESIONS-CYSTS, LIPOMA, MELANOMA, NEVUS, SEBACEOUS CYST, SKIN TAGS	Considered appropriate for direct referral to General Surgery Clinic	
CHOLELITHIASIS, CHOLECYSTITIS	Include RUQ Ultrasound & LFT's with referral	
COLORECTAL PAIN, THROMBOSED HEMORROID, PILONDIAL CYST, PERI-RECTAL ABCESS OR FISTULA, PARA-THYROID NODULE, PAROTID - Considered appropriate for General Surgery		

Reason for Referral:

Signature: _____ Print Name: _____