Ambulatory WeCare

Rhode Island Hospital
A Lifespan Partner

Rhode Island Hospital
2 Dudley Street (1st Floor)
Providence, RI 02903 Fax: 401-444-4557 Phone 401-444-5471
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 seen by RIH Patient Financial Services, *unless* the condition is urgent.
Lesions on face should be referred to Plastic Surgery Clinic (444-5471)

Patient's Name:
Address:
DOB: Sex:
SS#:
Interpreter Required Y N Language
Phone:
Insurance:

Date of Referral:
Requesting Physician:
Address:

Phone:
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 guidelines 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 RECTAL MASS	Call 444-7304 for *urgent* appointment
GI TRACT MALIGNANCY THYROID NODULE	Call 444-7304 for *urgent* appointment 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 ABSCESS OR FISTULA, PARA-THYROID NODULE, PAROTID Considered appropriate for General Surgery.	

Reason for Referral:

Signature: Print Name:

Clinic Use Only: Date Received: Coordinator Initials: RN Initials:

Appointment Given Patient Notified:

Triage Comments:

Signature: Print Name: