Rhode Island Hospital
2 Dudley Street
Cooperative Care Building (Coop) 1st Floor
Providence, RI 02903 Phone 401-444-5471 Fax: 401-444-4557
http://www.lifespan.org/rih/services/ambulatory/

COSMETIC CLINIC

MR#

Session Times: Wednesday Mornings
Cosmetic Clinic: Please note that a $111.00 Consultation fee is required at first visit. Other fees will apply if procedure is scheduled.

Patient's Name:	Date of Referral:
Address:	Requesting Physician:
DOB: Sex:	Address:
SS#:	
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:		
All REFERRALS:	Include pt's last PE, progress note for visit that generated referral, current med list, & pertinent labs.	
Cosmetic surgery only:	$111.00 consultation fee required.	Patient may self refer call 444-7304.

Reason for Referral:

Signature: Print Name:

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

Appointment Given Patient Notified:

Triage Comments:

Signature: Print Name: