Ambulatory WeCare

Rhode Island Hospital
A Lifespan Partner

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/

PLASTIC SURGERY

MR#

Session Times: Session Times: Monday / Friday Afternoons and Wednesday Mornings
Please check the specific clinic/service requested: ☐ Plastic Surgery Pediatric ☐Plastic Surgery Adult
PLEASE NOTE: PATIENTS WITHOUT INSURANCE MUST FIRST SEE PATIENT FINANCIAL SERVICES PRIOR TO THEIR APPOINTMENT FOR SURGERY TO BE CONSIDERED.

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 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.
Please send any pertinient records, previous surgeries as they relate to reason for generated referral,any tests , x-ray reports as related..	
Breast Reduction	Criteria for *evaluation* in Plastic Surgery includes BMI< 25.2. Well defined shoulder grooving,persistent , longstanding back, neck, shoulder, or other musculoskeletal pain attributed to large breasts, which is severe enough to require medical management with analgesics and/or PT.

Reason for Referral:

Signature: Print Name:

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

Appointment Given Patient Notified:

Triage Comments:

Signature: Print Name: