



SRMC Breast Surgery Clinic

Phone: (505) 994-7397

Fax: (505) 994-7252

### **External Referral / Consult Request Form**

**Instruction:** The following information will be required for review of your referral. Please submit complete packet to the fax number above and allow up to 8 days for review.

#### **Patient Demographics & Insurance Information**

- Please include patient name, address, best contact number, insurance name & policy number

#### **Contact information for PCP and/or referring physician**

- Please include address, phone and fax number

#### **Consult Request / Referral**

- What question do you need addressed by the specialist?

#### **Recent Clinic/Progress Notes**

- Last 3 visits (if applicable)

#### **Recent Diagnostic Reports** (up to 3 months)

- Radiology: Mammogram, CT, MRI, X-Ray, Ultrasound
- Laboratory: CBC, UA, LFT, etc.
- Other: EKG, ECHO, etc.