UPMC LIFE CHANGING MEDICINE HAMOT

ED Referral From Physician Office

IMPRINT PATIENT IDENTIFICATION HERE

Practice Name____ Physician____

Practice Phone Number (______) ______-________

Patient Name____ DOB ______/______/________

You are being sent to the Emergency Department for an evaluation and possible testing. The Emergency Department Physician will evaluate your condition and determine the need for any possible lab or diagnostic testing.

Suspected Diagnosis____

Vital Signs ____

Pertinent Exam Findings ____

____

____

____

____

Would you consider ordering____

____

____

____

If **adult** admission is required, we admit to ____

If **pediatric** admission is required, we admit to ____

Please call Dr.____ for any questions or follow-up.

1ER HAM-0178 Revised 7-27-2012