

ENDOCRINOLOGY REFERRALS

Thank you for choosing St. Peter's Health Medical Group Endocrinology! We look forward to partnering with you. Completing and submitting this referral sheet will help us provide the highest quality patient care. Please attach demographic information to this form and **fax all information to us at 406-495-6845.**

Please mark the referral reason and ensure the corresponding information is enclosed:

- | | |
|--|--|
| <input type="checkbox"/> Pituitary | <input type="checkbox"/> Thyroid |
| <input type="checkbox"/> Brain MRI report | <input type="checkbox"/> TSH |
| <input type="checkbox"/> Prolactin level | <input type="checkbox"/> Free T4 |
| <input type="checkbox"/> Adrenal Nodule | <input type="checkbox"/> Thyroid Nodule |
| <input type="checkbox"/> Adrenal CT report | <input type="checkbox"/> TSH |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Free T4 |
| <input type="checkbox"/> DEXA scan report | <input type="checkbox"/> Thyroid ultrasound report (if performed) |
| <input type="checkbox"/> Calcium and vitamin D | <input type="checkbox"/> Hyperparathyroid |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Nuclear Med report |
| <input type="checkbox"/> Last A1C preferred | <input type="checkbox"/> PTH, calcium and vitamin D (if performed) |
| <input type="checkbox"/> Chem panel | <input type="checkbox"/> Updated medication list |
| <input type="checkbox"/> Lipids | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Microalbumin urine (if available) | |

Please push all images to PACs at St. Peter's Health or mail hard copy disk. Our providers will review all documents and imaging once received and your patient will be called to schedule.

Thank you again for choosing St. Peter's Health!

Best Regards,
St. Peter's Health Endocrinology