

## PLASTIC SURGERY REFERRALS

Thank you for choosing St. Peter's Health Plastic Surgery and Medical Aesthetics! 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 406-495-4199.**

Please let us know the reason for your referral:

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### We request the following supporting documents, if they exist:

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| <input type="checkbox"/> Recent office note pertaining to referral reason     | <input type="checkbox"/> Pathology reports  |
| <input type="checkbox"/> Pertinent imaging (for example mammogram, CT or MRI) | <input type="checkbox"/> Photos (please send color photos to <a href="mailto:plastics@sphealth.org">plastics@sphealth.org</a> ) |
|   | <input type="checkbox"/> Patient demographics   |

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 Plastic Surgery and Medical Aesthetics