

GENERAL SURGERY REFERRALS

Thank you for choosing St. Peter's Health Medical Group General Surgery! 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 406-447-5965**.

Please let us know the reason for your referral: Urgent Routine

We request the following supporting documents, if they exist:

- | | |
|---|---|
| <input type="checkbox"/> Imaging Study Report | <input type="checkbox"/> Echocardiogram, electrocardiogram |
| <input type="checkbox"/> Recent Lab Work | <input type="checkbox"/> Recent notes pertaining to referring diagnosis |

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 General Surgery