



Rhode Island Hospital
A Lifespan Partner

RI Hospital Center for Primary Care
& Specialty Medicine

245 Chapman Street, Suite 300

Providence, RI 02905 Phone: 401-444-4480 Fax: 401-444-5280

<http://www.lifespan.org/rih/services/ambulatory/>

HEPATOLOGY CLINIC

MR#

Session Time: Monday Afternoons

Patient's Name: _____	Date of Referral: _____
Address: _____	Requesting Physician: _____
DOB: _____ Sex: _____	Address: _____
SS#: _____	_____
Interpreter Required: Y N Language: _____	_____
Phone: _____	Phone: _____
Insurance: _____	Fax: _____

**PLEASE REVIEW THE FOLLOWING GUIDELINES
AND INCLUDE THE REQUIRED INFORMATION WITH THE REFERRAL.**

Please note that when required all blood-test results must accompany the referral. Patients with no insurance, in need of plain x-ray, may proceed to the Rhode Island Hospital (RIH) radiology department with an appropriate order from the referring clinician. US, CT, MRI must first be scheduled by the referring clinician and the patient must call 444-7850 to speak to a Patient Financial Services (PFS) advocate if they choose to seek financial assistance from RIH. Thank-you!

GUIDELINES:	To expedite patient care, please follow these guidelines precisely. Incomplete referrals will be returned and not processed until completed.
All Referrals	Include patient's last Physical Exam (H&P), progress note for visit that generated referral, current medication list, & pertinent labs
Hepatitis C	RUQ Abdominal Ultrasound Liver function test (ALT, AST, Alk phos and bilirubin), HCV PCR viral load, HCV genotype, CBC, PT/PTT
Abnormal LFTs	RUQ Abdominal Ultrasound Anti-HCV, HBsAg, Ferritin, Iron Saturation, ANA, Alpha-1-antitrypsin, ceruloplasmin, albumin and total protein
Cirrhosis	RUQ Abdominal Ultrasound Abnormal LFT's, AFP, PT/INR and chem.-7
Hepatitis B	RUQ Abdominal Ultrasound Hepatitis B serology (HBsAg and Ab, HBeAg and Ab, AntiHBc total and HBV DNA) and LFTs

Reason for Referral:

Signature: _____

Print Name: _____