

Signature:

RI Hospital Center for Primary Care & Specialty Medicine

PULMONARY CLINIC

245 Chapman Street, Suite 300

Providence, RI 02905 Phone: 401-444-5280 Fax: 401-444-4480 http://www.lifespan.org/rih/services/ambulatory/

MR#

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Patient's Name:		Date of Referral:
Address:		Requesting Physician:
DOB:	Sex:	Address:
SS#:		
Interpreter Required: Y N	Language:	
Phone:		Phone:
Insurance:		Fax:
Please note that when reconsurance, in need of plain with an appropriate order from	quired all blood-test x-ray, may proceed om the referring clir ast call 444-7850 to	INFORMATION WITH THE REFERRAL. st results must accompany the referral. Patients with no d to the Rhode Island Hospital (RIH) radiology department nician. US, CT, MRI must first be scheduled by the referring speak to a Patient Financial Services (PFS) advocate if they hank-you!
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Print Name: