

## Northern Light Heartburn Program REQUEST FOR CONSULTATION

**REQUEST TO:** ☐ FIRST AVAILABLE or **SPECIFIC PROVIDER:** Matthew Sharbaugh, DO Daniel Hetherman, MD Michelle Toder, MD

**Appointment Requested:** ☐ Next Available ☐ 1-2 Weeks ☐ URGENT

If PCP is Northern Light Affiliate: Please use Referral Management

### PATIENT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

*Please send with referral (if available)*

#### **MOST RECENT:**

- Abdominal CT, EGD, UGI, Manometry, and pH if available
- Medication list
- Surgical History
- LAST office visit.

### REASON FOR CONSULT

Is this a second opinion? ☐ Yes ☐ No

### REFERRING PROVIDER INFORMATION

Name: \_\_\_\_\_

Practice: \_\_\_\_\_

Office Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Address: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_ Contact # \_\_\_\_\_

**PLEASE FAX COMPLETED FORM TO 207.973.8880**

**Northern Light Heartburn and Hernia Program**

Attn: Zina Black, RN, BSN, CNOR, Heartburn and Hernia Program Coordinator

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