



Comprehensive Care & Infectious Diseases Clinic

A Department of Rutland Regional Medical Center

160 Allen Street, Rutland, VT 05701 | 802.747.3700 802.786.1326 fax | www.RRMC.org

J. Gavin Cotter, MD, MPH

Request for New Hepatitis C (HCV) Patient Education/Evaluation

Obtaining prior HCV evaluation/treatment records and ordering and/or obtaining timely results of all required testing is the responsibility of the referring provider.

Date of Initial Request with all Supporting Documentation: _____

Patient Name: _____ DOB: _____

Active Patient Phone Number(s): _____

Referring Provider: _____

Direct Office Contact: _____

Direct Office Phone: _____ Office Fax: _____

The following information **MUST** be included with your referral:

General Information

- Patient Demographics including Current Valid Contact Phone Number(s)
- Name of Referring Provider & Office Contact with Direct Phone and Fax Numbers
- Most Recent Office Note(s)
- Current Medication List
- **All historical data related to initial HCV diagnosis and any subsequent evaluation/ treatment from any/all providers/facilities**
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Current Testing and Lab Results Dated within 1 year of referral

Complete copies of testing and lab reports required if not performed by an RRMC lab

- Abdominal Ultrasound Complete
- CBC
- Comprehensive Metabolic Panel (CMP)
- PT/INR
- Hepatitis B Surface Antigen
- Hepatitis B Surface Antibody
- Hepatitis B Core Antibody
- Hepatitis A Antibody
- HIV Antibody (1/2)
- Hepatitis C Virus RNA Detect Quant
- HCV Genotype
- Fibrotest (Fibrosure)

Fax form with supporting documentation to the Infectious Diseases Clinic at 802-786-1326.

Please contact Dawn Smith at 802-776-2724 with any referral questions.

Our Promise to You – We Listen, We Respect, We Care...Always!