



Rutland Pulmonary Center

A Department of Rutland Regional Medical Center

160 Allen Street, Rutland, VT 05701 | www.RRMC.org
P 802.775.2036 | F 802.772.1955

REFERRAL FORM

Name: _____ DOB: _____ SSN: _____
(last 4 digits)

Address _____

Preferred phone: _____

Primary Insurance Name: _____ Policy # _____ Group # _____

Secondary Insurance Name: _____ Policy # _____ Group # _____

DIAGNOSIS/REASON FOR VISIT: _____
Must be included to schedule appointment.

Type of Visit:

- Consult: Advice and opinion regarding an identified problem. The physician service may include treatment.
- Transfer of Care: The requesting physician is asking Dr. Kenneth Mar to take over the management of a specific problem.
- Other:

Requesting Physician: _____

Phone: _____ Fax: _____

PLEASE SEND BELOW INFORMATION IF AVAILABLE

- Medication List PFT's CXR, CT Scans, and MRI's (Please have patient hand carry films if not done at RRMC)
- Progress Notes Recent Labs Echo/Stress EKG

Appointment Date: _____ Time: _____

Please notify patient of this appointment.

