



Comprehensive Care & Infectious Diseases Clinic

A Department of Rutland Regional Medical Center

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Request for Infectious Diseases Outpatient Clinic Evaluation

Non-Urgent referrals are reviewed in the order in which the referrals are received.

For Urgent referrals ONLY, Referring Provider needs to contact ID office directly to speak with ID Provider.

Date of Initial Request: _____

Patient Name: _____ DOB: _____

Active Patient Phone Number(s): _____

Referring Provider: _____

Direct Office Contact: _____

Direct Office Phone: _____ Office Fax: _____

Diagnosis/Reason for Referral/Chief Complaint: _____

Please include all historical data related to referral from initial diagnosis to all subsequent evaluation/treatment from all providers/facilities including all medications prescribed with dates and dosage information.

Information not available in RRMC EMR must be obtained by referring provider and submitted to ID clinic for review prior to patient being scheduled for an appointment.

Not including all requested information will cause significant delays in referral review.

For Tick-Borne Illness referrals including Lyme referrals, please use Tick-Borne illness referral form.

For Hepatitis C referrals please, use HCV referral form.