PCC SPECIALTY REFERRAL CHECKLIST

To effect timely scheduling of referrals, please submit documents pertinent to the specified specialty:

To direct timely see	reduing of referrals, p			per unent te	dire specified	RECEIVI		
		SPECIALTY				LABS	RECENT	
		REFERRAL	PROBLEM	PROGRESS	MEDICATION	(Within 6	DIAGNOSTICS	VCN
SPECIALTY	EXCEPTIONS	FORM	LIST	NOTES	LIST	months)	(withing a year)	APPLICATION
Allenge		Vas	Voc	Ves	Voc	If available		Ves
Allergy Cardiology		Yes, Yes,	Yes Yes	Yes Yes	Yes Yes	Yes	EKG (6 months)	Yes Yes
Cardiology	1) Extractions on the 2nd	res,	res	162	res	res	ENG (6 IIIOIILIIS)	res
	and 4th Mondays: Walk-							
	In 2)							
	Restorative on the 3rd							
Dontal		Vos	Vos	Voc	Voc	No	No	No
Dental	Mondays; Appt ONLY	Yes,	Yes	Yes	Yes	NO	No Biopsy pathology	No
							report (if already	
Downstalogy/								
Dermatology/	No Commetic and and disease	V	V	Vaa	V	V	done); CT for	V
Surgical Dermatology	No Cosmetic procedures	Yes,	Yes	Yes	Yes	Yes	Sarcoidosis	Yes
	Thyroid related; No						Chest X-Ray,	
Endocrinology	Diabetes management)	Vos	Yes	Yes	Yes	Yes	Ultrasound report	Voc
Endocrinology	No Hepatitis	Yes,	res	res	res	165	Oitrasound report	res
Gastroenterology	•	Vos	Yes	Yes	Yes	Yes	Yes! If available	Yes
Gastroenterology	management	Yes,	res	res	res	res	res! II avallable	res
General Surgery	No Cosmetic procedures	Yes,	Yes	Yes	Yes	Yes	Yes! If available	Yes
General Surgery	No cosmetic procedures	103,	103	103	103	103	Mammogram if	103
	No routine PAP smears,						done, and	
	Fertility, tubal ligation or						previous surgery	
GYN	tubal reversal	Yes,	Yes	Yes	Yes	Yes	notes related to	Yes
	No Hepatitis	100,	103	103	103	103	notes related to	103
Infectious Disease	management	Yes,	Yes	Yes	Yes	Yes	Yes! If available	Yes
Collows Biscuse	No Kidney transplant	,	103			1.03	res, ir available	
Nephrology	patients	Yes,	Yes	Yes	Yes	Yes	Yes! If available	Yes
	No completion of BMV	. 55,	. 55		. 55	. 53	CT, and MRI (brain	
Neurology	forms	Yes,	Yes	Yes	Yes	Yes	& Spine)	Yes
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							MRI/CT/X-Ray and	
	No Motor vehicle						previous surgery	
	accidents or work related						notes related to	
Neurosurgery	injuries	Yes,	Yes	Yes	Yes	Yes	referral	Yes
	Not for Diabetic eye							
	exam, refer to							
Opthalmology	Optometry	Yes,	Yes	Yes	Yes	Yes	No	Yes
Optometry		Yes,	Yes	Yes	Yes	Yes		Yes
							MRI/CT/X-Ray and	
	No Motor vehicle						previous surgery	
Orthopedic /Surg	accidents or work related						notes related to	
Orthopedic		Yes,	Yes	Yes	Yes	Yes	referral	Yes
•	,	,					Hearing report, CT	
Otolaryngology (ENT)		Yes,	Yes	Yes	Yes	Yes		Yes
Physical Medicine	No pain management	Yes,	Yes	Yes	Yes	Yes	Yes! If available	Yes
Podiaty		Yes,	Yes	Yes	Yes	Yes		Yes
							Chest X-Ray,	
							Pulmonary	
							Function Test	
Pulmonary		Yes,	Yes	Yes	Yes	Yes	results	Yes
						Yes (ANA,		
						ESR,		
						Rheumatoid		
Rheumatology		Yes,	Yes	Yes	Yes	Factor)	Yes! If available	Yes
	50+ years,							
Screening	Asymptomatic, Never							
Colonoscopy	had prior screening	Yes,	No	No	Yes	No	No	Yes
	No Enoctilo Duofunction							
	No Erectile Dysfunction,					DC A toot		
	Fertility, Tubal reversals		<u></u>	l,	V	PSA test	V 1.6 .1.1.	U
Urology	or vasectomy	Yes,	Yes	Yes	Yes	results,	Yes! If available	Yes