

Dr. Lily Kwatampora- Endocrinology

2012 S. Main St. Ste. C

Goshen, IN 46526

Phone (574) 537-1221 Fax (574) 537-1225

Referring Physician _____

Office Address _____

Office Phone # _____ Fax # _____

Patient Name _____ Date of Birth _____

Address _____

Patient contact _____

Insurance Type _____

1. Reason for Referral

- Manage and Treat
- Consult only
- Second Opinion

2. Diagnosis

<input type="checkbox"/>	Type 1 DM	<input type="checkbox"/>	Thyroid Cancer (see below)
<input type="checkbox"/>	Type 2 DM	<input type="checkbox"/>	Osteoporosis
<input type="checkbox"/>	Hyperthyroidism	<input type="checkbox"/>	Hypercalcemia
<input type="checkbox"/>	Hypothyroidism	<input type="checkbox"/>	Other (please specify)
<input type="checkbox"/>	Thyroid Nodules	<input type="checkbox"/>	

3. Clinic Notes/Labs/Imaging

- Last 2 clinic notes
- Last 3 months of labs (relevant to referral done by referring provider)
- Last imaging (relevant to referral done by referring provider)
- All Thyroid labs – include FNAs for dx: Thyroid Nodules
- Thyroid CA
 - Pathology results/reports
 - Operative reports
 - All scans/imaging (Thyroid US, Pretreatment scans I123, Whole body scan, CT neck/chest/PET scans (if completed))