

Referral fax cover sheet information

PERSONAL & CONFIDENTIAL

*Liver Outreach
900 Welch Road, Suite 110
Palo Alto, CA 94304
(650) 725-1988 Fax: (650) 725-4085*



Stanford
HEALTH CARE

FAX TRANSMITTAL

DATE:
TO:
RE:
DOB:
FAX:

FROM: Liver Outreach
Stanford Hospital and Clinics

FAX: (650) 725-4085
PHONE: (650) 725-1988

Thank you for referring your patient to the Liver Outreach Program of Stanford Hospital and Clinics. In order to process your referral in a timely manner, please have the following faxed to our office as soon as possible:

1. Demographic sheet and copy of insurance card.
2. Recent labs including CBC, PT/INR, and Comprehensive Metabolic Panel
3. Recent abdominal imaging study (US, CT, and/or MRI)
4. Recent cardiac studies(DSE, Echo, Persantine Thallium)
5. Any recent H&P and/or Discharge Summaries

Please fax to: 650-725-4085 If possible please limit fax to no more than 15 pages.

Confidentiality Statement

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