



REFERRAL FORM

Stanford Endocrinology

☐ Routine

Phone: 650-721-1300 | Fax: 650-320-9443

☐ Urgent

Physician Helpline: 866-742-4811

REFERRING PROVIDER INFORMATION:

Referred by (MD, DO, NP, PA): _____ Form completed by: _____

Medical Group: _____ Email: _____

Phone: _____ Fax: _____ NPI: _____

Address: _____ City: _____ Zip: _____

PATIENT INFORMATION (Please provide a copy of patient demographics)

Last Name: _____ First Name: _____

DOB: __/__/____ Phone: _____ Gender: ☐ M ☐ F

City/ State/ Zip: _____

Needs Interpreter? ☐ Y ☐ N Language: _____

Referral Information: (To avoid delay, use key below)

Pregnant: ☐ Y ☐ N

Referral Reason per MD: _____

Thyroid Diagnosis (ICD-10 Code): _____

Date of Thyroid Diagnosis: _____

Physician requested: _____

*If requested Physician is unavailable, can Patient be seen by another provider? ☐ Y ☐ N

☐ Consultation ☐ 2nd opinion

Reason for Referral	
<input type="checkbox"/> Hyperthyroidism	<input type="checkbox"/> Thyroid Cancer
<input type="checkbox"/> Hypothyroidism	<input type="checkbox"/> Thyroids Nodules

DOCUMENTATION REQUIRED (Please fax with this form):

Diagnosis	Required Notes
Hyperthyroidism	TSH, FT4, TT3 in the last month
Hypothyroidism	TSH, FT4 in the last month
Thyroid nodules	TSH, FT4, latest ultrasound in the last month, FNA result if biopsy was done
Thyroid Cancer	TSH, FT4, Thyroglobulin with Tg Abs, Pathology Reports, Dates of surgery



Physician Referral and Information
at Stanford Medicine

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referrals online



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