

PCC SPECIALTY REFERRAL CHECKLIST

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

SPECIALTY	EXCEPTIONS	SPECIALTY REFERRAL FORM	PROBLEM LIST	PROGRESS NOTES	MEDICATION LIST	RECENT LABS (Within 6 months)	RECENT DIAGNOSTICS (withing a year)	VCN APPLICATION
Allergy		Yes,	Yes	Yes	Yes	If available		Yes
Cardiology		Yes,	Yes	Yes	Yes	Yes	EKG (6 months)	Yes
Dental	1) Extractions on the 2nd and 4th Mondays: Walk-In 2) Restorative on the 3rd Mondays; Appt ONLY	Yes,	Yes	Yes	Yes	No	No	No
Dermatology/ Surgical Dermatology	No Cosmetic procedures	Yes,	Yes	Yes	Yes	Yes	Biopsy pathology report (if already done); CT for Sarcoidosis	Yes
Endocrinology	Thyroid related; No Diabetes management)	Yes,	Yes	Yes	Yes	Yes	Chest X-Ray, Ultrasound report	Yes
Gastroenterology	No Hepatitis management	Yes,	Yes	Yes	Yes	Yes	Yes! If available	Yes
General Surgery	No Cosmetic procedures	Yes,	Yes	Yes	Yes	Yes	Yes! If available	Yes
GYN	No routine PAP smears, Fertility, tubal ligation or tubal reversal	Yes,	Yes	Yes	Yes	Yes	Mammogram if done, and previous surgery notes related to	Yes
Infectious Disease	No Hepatitis management	Yes,	Yes	Yes	Yes	Yes	Yes! If available	Yes
Nephrology	No Kidney transplant patients	Yes,	Yes	Yes	Yes	Yes	Yes! If available	Yes
Neurology	No completion of BMV forms	Yes,	Yes	Yes	Yes	Yes	CT, and MRI (brain & Spine)	Yes

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Neurosurgery	No Motor vehicle accidents or work related injuries	Yes,	Yes	Yes	Yes	Yes	MRI/CT/X-Ray and previous surgery notes related to referral	Yes
Ophthalmology	Not for Diabetic eye exam, refer to Optometry	Yes,	Yes	Yes	Yes	Yes	No	Yes
Optometry		Yes,	Yes	Yes	Yes	Yes		Yes
Orthopedic /Surg Orthopedic	No Motor vehicle accidents or work related injuries	Yes,	Yes	Yes	Yes	Yes	MRI/CT/X-Ray and previous surgery notes related to referral	Yes
Otolaryngology (ENT)		Yes,	Yes	Yes	Yes	Yes	Hearing report, CT Scan	Yes
Physical Medicine	No pain management	Yes,	Yes	Yes	Yes	Yes	Yes! If available	Yes
Podiatry		Yes,	Yes	Yes	Yes	Yes		Yes
Pulmonary		Yes,	Yes	Yes	Yes	Yes	Chest X-Ray, Pulmonary Function Test results	Yes
Rheumatology		Yes,	Yes	Yes	Yes	Yes (ANA, ESR, Rheumatoid Factor)	Yes! If available	Yes
Screening Colonoscopy	50+ years, Asymptomatic, Never had prior screening	Yes,	No	No	Yes	No	No	Yes
Urology	No Erectile Dysfunction, Fertility, Tubal reversals or vasectomy	Yes,	Yes	Yes	Yes	PSA test results,	Yes! If available	Yes