



Date \_\_\_\_\_

Patient \_\_\_\_\_ DOB: \_\_\_\_\_

The patient named above has been referred to our office for consultation. They will be seeing Dr. \_\_\_\_\_ for the diagnosis of \_\_\_\_\_.

**To ensure we have all the necessary medical information for this appointment please fax the following records to:**

**(757) \_\_\_\_\_ Attention: \_\_\_\_\_**

**Heme Consult - Iron**

**Reason for Consult:** Iron overload, hemachromatosis, elevated iron, elevated ferritin

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\_\_\_\_\_ Last 2 years labs results:

- CBC
- Iron panel, ferritin level
- HFE gene mutation
- Hemachromatosis panel assay

\_\_\_\_\_ Imaging studies completed in the last 5 years:

- Abdominal ultrasound
- Echocardiogram
- CT scan of chest or abdomen

\_\_\_\_\_ PCP/referring MD's chart notes

\_\_\_\_\_ Hospital admitting history and physical

\_\_\_\_\_ Hospital discharge summary (include name of hospital)