

GREEN MOUNTAIN BREAST CARE CENTER

166 South Main Street, Suite 1B, Stowe, VT 05672 | Referral Phone: 802-441-5249 | Referral Fax: 949-890-4542 | greenmountainbreast.com

REFERRAL COVER SHEET

Please complete and fax to 949-890-4542, along with any relevant records. Questions? Call 802-441-5249.

REFERRING PROVIDER

Provider name:	Practice / clinic:
Phone:	Fax:
Date of referral:	

PATIENT

Patient name:	Date of birth:
Phone:	Insurance & ID #:

REASON FOR REFERRAL (CHECK ALL THAT APPLY)

- ☐ Breast Cancer Care ☐ Breast Surgery
☐ Breast Biopsy ☐ Imaging Abnormalities
☐ High-Risk Breast Care ☐ Lifetime Risk Assessment
☐ Benign Breast Care ☐ Survivorship Care
☐ Port Placement ☐ Lactation Concerns
☐ Second Opinions ☐ Sexual health after cancer treatment
☐ Other:

CLINICAL DETAILS

Relevant findings / history (palpable mass, imaging result, pathology, location, laterality, etc.):

Urgency: ☐ Routine ☐ Please expedite (reason: _____)

RECORDS ATTACHED (CHECK ALL INCLUDED WITH THIS FAX)

- ☐ Imaging report(s) ☐ Pathology report(s) ☐ Relevant clinic / office notes
☐ Relevant labs ☐ None — will send separately

Thank you for the referral. We will contact the patient directly to schedule.