

**Saint Mary's Health Network
PROJECT NEW HOPE
CONSULT REQUEST FORM**

Date	School Name and Grade		
Referral source:			Phone:
Last	First	MI	Phone:
Address			
City		State	Zip Code
Date of Birth	Age	Gender	
Parent or Guardian	Relationship	Phone	
Diagnosis:			
Procedure Requested			
Physician's consult, History & Physical attached: YES:			NO:
Notes:			
For Surgeon referrals: Discharge Medications requested:			

The information disclosed herein is confidential and protected by Nevada and Federal law, including HIPAA regulations. All requests will be handled confidentially.

Fax completed requests to:

Kit Landis, O.R. Manager, or Chris Loar, Clinical Coordinator, Saint Mary's Regional Medical Center at **775-770-3668**

For questions or additional information telephone **775-770-3071**.