LSU Health System
Interim LSU Hospital in New Orleans

Patient Label

ENT: Abscess; Fracture; Mass

Fax 504.903.3479

From: __BMC __EKL __LJC __LAK __ILH __UMC __WOM __Other:_____

Attending Provider: _____ ID Number: __ __ __ __ __

Patient's Name: _____ Date of Referral: _____/_____/_____

Date of Birth: _____/_____/_____ Medical Record Number: _____

Mailing Address:_____

1˚ Contact Number: (__ __ __) __ __ __ - __ __ __ __ 2˚ Contact Number: (__ __ __) __ __ __ - __ __ __ __

Indicate Reason for Referral and note needed workup:

___682.0 Abscess: Auricular, Facial, Nasal, or Orbital
___682.1 Abscess: Neck **(1)**
___475 Abscess: Peritonsillar
___807.5 Fracture: Larynx **(2)**
___802.8 Fracture: Mandible, Maxillofacial, and/or Orbital **(3)**
___801.01 Fracture: Temporal Bone or Skull Base **(4)**
___709.9 Mass: Ear, Temporal Bone, or Skull Base **(1,5)**
___782.2 Mass: Face **(1,6)**
___239.1 Mass: Larynx, Esophagus, Hypopharynx, or Trachea **(1,7)**
___478.1 Mass: Nose, Nasopharynx, Orbit, or Sinuses **(1,6)**
___784.2 Neck Mass **(1,7,9)**
___239.0 Mass: Oral Cavity (inc. Lip, Palate, and Tongue) **(1,7)**
___524.9 Mass: Oropharynx (inc. Tonsil, Tongue Base, and Uvula) **(1,7)**
___782.2 Mass: Salivary Gland (inc. Parotid and Submandibular Masses) **(1,9)**
___241.0 Mass: Thyroid (inc. Goiter or Nodule) **(8,9)**
___Other: ICD: ___ DX: _____

(1) CT neck with IV contrast*****
(2) CT larynx (1 mm cuts) without contrast
(3) CT maxillofacial without contrast
(4) CT head without contrast for uncomplicated or incidental fracture. CT temporal bone (1 mm cuts) for secondary CSF leak and/or facial paralysis.
(5) CT temporal bone (1 mm cuts) with IV contrast*****
(6) CT sinus or maxillofacial with IV contrast*****
(7) CT chest with IV contrast*****
(8) U/S neck, MRI neck with gadolinium, or CT neck without contrast
(9) Pathology consult for FNA of mass in neck, salivary gland, or thyroid (if possible and available)

***Contrast studies require documentation of BUN/ Creatinine [GFR] within 90 days of the performance of the study. (Metformin/Glucophage may be taken on the morning of the study but must be held for 48 hours and renal function must be re-evaluated prior to resumption. SCHEDULE REPEAT GFR FOR 48 HOURS AFTER CONTRAST STUDY)**

Have the patient bring copies of any lab work, studies, and medical records not available at ILH.

Clinical History Relevant to this Referral: _____
_____
_____
_____

Referring Provider's Signature: _____ **ID Number:** __ __ __ __ __
Contact No.: (__ __ __) __ __ __-__ __ __ __ Referring Service/Clinic: _____
Fax No.: (__ __ __) __ __ __ - __ __ __ __ Email: _____

OFFICE USE ONLY: Appointment Date: _____/_____/_____ Time: __:__ am/pm.
If not scheduled, Indicate Reason & Recommendation: _____
_____
Reviewing Provider's Signature: _____ ID Number: __ __ __ __ __
Contact Number: (__ __ __) __ __ __-__ __ __ __

Rev 08/05/09