



Paraganglioma/Pheochromocytoma Clinic

Referral

Fax: 706-721-0360

(or Other AU Health Site _____)

Date: _____

Pages: _____

PATIENT NAME	
DATE OF BIRTH	
CONTACT TELEPHONE	
REFERRED BY (include physician's name, telephone, and fax numbers)	

Items to consider including:

- Summary or progress notes.
- Imaging reports.
- Imaging on a CD if possible. This is particularly important for CNS imaging.
- Pathology report(s).
- Plasma/urinary metanephrines results.
- Genetic test results.