



Affix patient Label

Tele-Visitation Referral

- Guidelines for use: 1. Affix patient identification label
 2. Unit to fax form to Telemedicine department
 3. Referral form to be shredded upon patient discharge

Date of Request: _____

Requested By: _____ Designation: _____ Contact Number: _____

Check one Urgent visit (24 - 48 hours) _____ Non-urgent visit (1 - 2 weeks) _____

Check one in-patient ___ out-patient ___

Unit: _____ Room Number: _____ Outpatient Clinic _____

Is this patient isolated? _____ if yes type? _____ Can patient be moved to a studio? _____

How many people will attend with the patient? _____

Provide two options with date and time for visit.
(Currently this service is only offered Monday to Friday 8:30 to 4:30 EST)

Date: _____ Time: _____

Date: _____ Time: _____

Desired connection: Multiple sites can be connected at one time.

1. Family Name: _____ 2. Family Name: _____

Community: _____ Community: _____

Phone Number: _____ Phone Number: _____

Third site (if required):

Family Name: _____ Community: _____ Phone Number: _____

WHEN COMPLETED PLEASE FAX TO: 684-5884

There will be no charge to our patients for this service. There may be a fee for the visitor on the other end if they cannot be accommodated in a regional studio. Participants will be made aware of a fee if applicable before a visit is booked. For assistance with this form please contact the Telemedicine Coordinator at 684-6715 or telemedicine@tbh.net.