

**Laurie B. Reeder, MD**  
**Thoracic Surgery**  
**Phone: 401-886-0923**

Patient Referral to:

**Laurie B. Reeder, MD**

**Fax to: 401-886-0926**

Referring Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Consultation Requested Regarding: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Patient Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

Please call patient to set up appointment:

**Patient Phone Number:** \_\_\_\_\_

Patient will call for appointment

**1351 South County Trail, Suite 200B, East Greenwich, RI**  
**41 Sanderson Road, Suite 106, Smithfield, RI**