

Sacramento Center for Hematology and Medical Oncology, Inc.

New Patient Referral Form

Dear Doctor:

Thank you for your referral. In order for us to schedule your patient as soon as possible, we would appreciate having the following information:

Today's Date _____

Pt. Name _____ DOB _____ Pt. Phone # _____

Address _____

Primary Diagnosis _____

Primary Reason For Referral _____

Patient's Primary Insurance _____ ID # _____

Secondary Insurance _____ ID # _____

Ref. Physician's Name _____ Office Contact _____

Office Phone # _____ Physician NPI _____

Please also provide the following information:

- Hematology referral - 2 or more recent CBC's or coag tests; prior CBC's/coags if available; H&P/progress notes; other labs or records pertaining to the primary diagnosis
- Oncology referral – All pathology/biopsy reports; operative notes; procedure notes; reports of CT scans, PET scans, or other pertinent imaging studies; H&P/progress notes; any other labs or records pertaining to the primary diagnosis
- HMO patients - please include the authorization number or referral obtained from the patient's primary care physician; AUTH # _____

PLEASE FAX COMPLETED FORM TO 916-452-0772, ATTN: NEW PATIENT COORDINATOR.

THANK YOU.