New Patient Referral Form

Fax: **541-431-9888** Pages : Date:

Referring Physician: Phone/Fax:

PCP: Phone/Fax:

Patient Name: Patient DOB:

Patient Phone:

☐ Routine – 2-4 weeks ☐ Urgent ≤ 2 weeks ☐ STAT: Schedule within 3-5 days
Requires Physician Call 541-683-5001

☐ First available MD ☐ Specific Provider: _____

Please include supporting documents for this referral to avoid delays in the scheduling process:

☐ Patient Demographics & copy of insurance card(s)

☐ Referring Dx:_____

☐ Last 2 Progress/Chart Notes **REQUIRED FOR HEMATOLOGIC CANCER OR ISSUES;**
(ANEMIA, THROMBOCYTOPENIA, LEUKOPENIA, CII, ETC)

☐ Lab Reports (last 4 for **Blood Cancer**: CBC & CMP) OR (2 for **Tumors**, incl. any markers: CEA, CA-125, etc.)
Hematologic Referrals MUST include at minimum a CBC completed within 2-3 weeks

☐ ALL Operative & related Pathology reports

☐ Radiology Reports (CT, MRI, US, Mammogram, NucMed, PET, etc.)

☐ Images – Push all images related to this Diagnosis to RAPC

☐ **Breast Cancer:**
- ☐ HER2
- ☐ ER reports (Estrogen Receptors)
- ☐ PR reports (Progesterone Receptors)

☐ Discharge summary (most recent hospitalization if applicable)

WVCI Eugene & Florence
Ph: 541-683-5001
Fax: 541-683-1422

WVCI Corvallis & Lincoln City
Ph: 541-754-1256
Fax: 360-597-1472

Oregoncancer.com

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