



Women's Cancer Care

Part of Oncology Associates of Fresno Medical Group, Inc.
A Member of Santé Foundation Medical Group
Part of Santé Health Foundation

New Patient Referral Form

P | 559.650.4835 (direct line)

F | 559.438.7166

Getting started is easy. Just call **Joann**, our **New Patient Coordinator** to initiate your referral, then fax this form along with supporting documents. Your patient will receive a call from us informing them of their scheduled appointment.

Today's Date: _____ Referral to: Christopher Perkins, M.D. L. Lisa Ge, M.D.

Is this a STAT referral? Yes No Referring Physician: _____

Contact: _____ Phone #: _____ Fax #: _____

Patient Information

Patient's Name: _____

Date of Birth: ____/____/____ Social Security #: _____ - _____ - _____

Phone #: Home _____ Work _____

Cell _____ Other _____

Insurance Carrier: Primary _____ Phone#: _____

Secondary _____ Phone#: _____

Diagnosis & Supporting Documentation

Diagnosis: _____

Prior Treating Physicians: _____

Patient's PCP: _____

Surgery Date: ____/____/____

Schedule New Patient Appointment Before / After: ____/____/____

Please fax all records you have regarding your patient's diagnosis including any past records you may have obtained. Please check mark the items below that you are sending:

- Patient's insurance cards (both sides)
- Patient demographics
- Consult/H&P's
- Pathology, Biopsy reports
- Operative reports & discharge summary reports
- Labs present & past
- Imaging (Mammogram, CT, MRI, PET, Bone Scan, X-Rays)
- Endoscopy, bronchoscopy, colonoscopy, sigmoidoscopy
- Chemotherapy/radiation notes or consults