



PEDIATRIC HEMATOLOGY/ONCOLOGY REFERRAL FORM

Please include the following with your return fax:

- **Patient Demographic Page**---to include patient's name, date of birth, parent's name and most available phone numbers.
- **Office contact person and phone / fax numbers**
- **Reason(s) for Referral**

- **Lab Values**

Please send copies of the lab values you consider relevant (most recent will usually suffice).
Please circle the lab you are faxing - so that we can make sure that it has been received

CBC Serum Chemistries PT/PTT Other – please specify

- **Imaging studies**

Please send imaging study reports that you consider relevant. Please circle the imaging reports you are faxing so that we can make sure that they have been received.

X-Rays CT MRI Other –please specify

CTs and MRIs should be copied to a CD-Rom and sent with the patient

- **Pathology Reports**

Please send any relevant pathology reports

Pathology slides from a recent surgery should be sent with the patient. We may request the block later for further studies

- **Copy of Insurance Card**

- **Referral/Authorization** - is this required? Please attach authorization if required.

Yes

No

Thank You