



# Women's Cancer Care

Part of The Oncology Institute of Hope & Innovation  
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 | 559.238.7219 (direct fax)

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:**  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

L. Lisa Ge, M.D. · Lori Kovacevich, N.P. · Lany Avakian, N.P.

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