

Rapid Fax Referral Form



To refer or schedule a new patient:

1. **FAX** this form to the number listed below and **include all pertinent records:**

(540) 450-1791

OR

2. **CALL** patient scheduler at the number listed below:

(540) 662-1108

We request that you call us with any new oncology patient referrals.

Date: ____/____/____

From: _____

Sender's Fax #: _____

Sender's Phone #: _____

Check box if you want this form faxed back to sender

Patient Profile

Patient Name: _____ DOB: ____/____/____ Sex: M F
Last First MI

Patient Address: _____
Street City State Zip

Home Phone: () _____ Work Phone: () _____

Social Security Number: _____ Cell Phone: () _____

Referring Physician Information

Referring Physician: _____ Phone: _____ Fax: _____

Diagnosis: _____ NPI: _____
(i.e. cancer type, heme, other)

Insurance

Primary Carrier: _____ Subscriber Name: _____

Policy #: _____ Subscriber DOB: ____/____/____

Secondary Carrier: _____ Subscriber Name: _____

Policy #: _____ Subscriber DOB: ____/____/____

Shenandoah Oncology Physicians

Medical Oncology and Hematology

First Available Michael M. McCusker, M.D. William A. Houck III, M.D. Richard M. Ingram, M.D. Lee P. Resta, M.D.
M. Page Jones, M.D. L.Morgan O'Brien, M.D. Christian M. Barlow, M.D. Kristine G. Reed, M.D

Appointment Date: ____/____/____ Time: ____:____ Patient Notified: _____

Physician: _____ Office Location: _____