



Referral Form



Radiation Oncology

Joseph Kong, M.D., FACR, FASTRO Danny Chow, M.D.

Ernest Hymel, M.D., PhD Peter Morgan, M.D. Micah Monaghan, M.D.

Patient Navigation Program

Thank you very much for your referral and entrusting us with the care of your patient.

**Please call Veronica if you have any questions at 281.837.7600 ext 2241
FAX referral and all records (see list below) to 281.837.7611**

Our office will confirm an appointment with the patient. Your office will be notified of the appointment date and time. To expedite the process, please fax all records that pertain to the reason why the patient is being referred. Thank you for your assistance in this important matter.

Referral Date: _____

Patient name: _____ Date of Birth: _____

Patient's Phone: _____

Referring Physician & office contact: _____/_____

Referring physician phone: _____ Fax _____

PCP Name/Phone: _____

Diagnosis & date: _____ **Ins. Authorization #:** _____

*******Cancer diagnoses must include ALL Pathology History *******

- Copy of Insurance/Driver's License
- Demographic/Face Sheet
- Medication List
- Operative reports
- Consults/H & P/Office notes
- Discharge summaries

- Pathology Reports -ALL
- Lab history -ALL
- Bone Scan/PET/Ultrasounds
- Colonoscopy/Endoscopy - ALL
- Imaging/CT /MRI - ALL

Confidentiality Statement: The documents accompanying this telecopy transmission contain confidential information, belonging to the sender that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party and is required to destroy the information in such a manner that makes it unrecognizable after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this telecopy in error, please notify the sender immediately to arrange for return of these documents. **Prohibition on Redisclosure:** This information is being disclosed to you from confidential records. Their confidentiality is protected by law (Federal and State), and you are prohibited from making any further disclosure of this information except with the specific written consent and proper authorization of the person to whom it pertains. Should you receive this fax in error the above prohibition applies. Please check transmission after the last page. If you did not receive all of the pages, or if there are any unclear pages, please call the individual identified in the section above. Additionally, the phone number is available for your reference.