

REFERRAL REQUIREMENTS CHECKLIST

Date:

To:

Ryan – New Patient Intake

Organization:

Shaw Cancer Center

From:

Department:

Fax #:

(970) 470-6675

Phone #:

(970) 569-7600

Fax #:

Phone #:

Patient Name:

Date of Birth:

Referring provider:

Referring facility:

Thank you for choosing the Shaw Cancer Center's offices of Medical Oncologists and Hematologists Dr. Alexander Urquhart, Dr. Erin Schwab, and Dr. William Lee and Radiation Oncologist Dr. Patricia Hardenbergh located in both Edwards and Dillon.

In order for us to schedule the patient for a consult we request that copies of the following records be sent:

Facesheet / Demographics

Referral

Clinic progress notes 2 – 3 most recent

Labs 2 – 3 most recent

Imaging Reports – post-diagnosis or that provided the diagnosis

Operative/Biopsy Reports

Pathology

Please process as soon as possible and fax the requested documents to (970) 470-6675 as records are needed for review before consult to determine urgency and scheduling. Please contact the Shaw Cancer Center at the above numbers with any questions.

Thank you!