

## Patient Referral Form

### Baptist Regional Cancer Network

Julie & Ben Rogers Cancer Institute • Altus Cancer Center • Cancer Center of Southeast Texas

Phone: 409.212.5985 • Fax: 409.212.5970

**Suspicion of Cancer Clinic** – To see next available Oncologist  
For Abnormal Images

**Medical Oncology/Hematology**

Harry Smith, M.D. • Tahir Naqvi, M.D., MBA  
Sohail Akbani, M.D.

*If you would like to choose a specific physician, please circle  
their name or your patient will be scheduled with the physician  
who has the first available appointment.*

**Radiation Oncology**

Ernest Hymel, M.D., PhD, MBA  
Danny Chow, M.D.  
Chisa Echendu, M.D., PhD

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

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 referred. Please see list below of documents requested.** Thank you for your assistance in this important matter.

Referral Date: \_\_\_\_\_

Patient name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient's Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Referring Physician & office contact: \_\_\_\_\_/\_\_\_\_\_

Referring physician phone: \_\_\_\_\_ Fax \_\_\_\_\_

PCP Name/Phone: \_\_\_\_\_

Diagnosis & date: \_\_\_\_\_ Ins. Authorization #: \_\_\_\_\_

**\*\*\*\*\*Cancer diagnoses must include ALL Pathology History \*\*\*\*\*  
Hematology Patients Only – Must have CBC with Manual Diff**

Copy of Insurance/Driver's License    Operative Reports    Pathology Reports – ALL    Imaging/CT /MRI/PET/Bone Scan/US – ALL  
Demographic/Face Sheet    Medication List    Lab history – ALL    Colonoscopy/Endoscopy – ALL  
Consults/H & P/Office Notes    Discharge Summaries

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