

# Baptist

Hospitals of Southeast Texas  
**CANCER NETWORK**  
*Performing Sacred Work Every Day*

## Patient Referral Form

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. Muhammad Kahlil, 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**  
**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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