

REQUIREMENTS FOR ONCOLOGY REFERRAL

1. DIAGNOSIS/REASON FOR REFERRAL
2. DEMOGRAPHICS (PHONE NUMBER, ADDRESS, DATE OF BIRTH)
3. INSURANCE INFORMATION
4. RECENT VISIT NOTES
5. RECENT LABS
6. IF HISTORY OF, PLEASE SEND RECORDS
7. BIOPSY REPORTS
8. PATHOLOGY REPORTS
9. RADIOLOGY REPORTS
10. ANY SURGERIES FOR THE DIAGNOSIS
11. IF BREAST CANCER, WE NEED BRCA TESTING
12. ANY TREATMENT PLANS FOR CHEMO

REQUIREMENTS FOR HEMATOLOGY REFERRAL

1. DIAGNOSIS/REASON FOR REFERRAL
2. DEMOGRAPHICS (PHONE NUMBER, ADDRESS, DATE OF BIRTH)
3. INSURANCE INFORMATION
4. RECENT VISIT NOTES
5. RECENT LABS
6. ANY SURGERIES FOR THE DIAGNOSIS
7. IF HISTORY OF, PLEASE SEND RECORDS
8. ANY TREATMENT PLANS FOR INJECTIONS OR INFUSIONS

REQUIREMENTS FOR OSTEOPOROSIS REFERRAL

1. DIAGNOSIS/REASON FOR REFERRAL
2. DEMOGRAPHICS (PHONE NUMBER, ADDRESS, DATE OF BIRTH)
3. INSURANCE INFORMATION
4. RECENT VISIT NOTES
5. RECENT LABS (MUST HAVE CMP)
6. RECENT RADIOLOGY REPORT (MUST HAVE DEXA)
7. DOCUMENTATION OF CALCIUM AND VITAMIN D USE
8. IF PATIENT IS ALREADY GETTING TREATMENT, WE NEED DOCUMENTATION FROM START OF TREATMENT
9. DOCUMENTATION OF USE OF BISPHOSPHONATE/OR NOT ABLE TO USE
10. IF PATIENT HAS HAD FRACTURES, NEED DOCUMENTATION SUPPORTING THIS