

NHRMC Oncology Service Line - Hematology/Oncology Fax Referral Form

Fax (910) 667-6758

* For referrals to the Multidisciplinary Lung Clinic, please contact Lorraine Sieminski, RN, Lung Navigator at 910-667-7791



Zimmer Cancer Center

New Hanover Regional Medical Center
2131 South 17th Street, Wilmington NC 28401



Cape Fear Cancer Specialists

NHRMC Physician Group
509 Olde Waterford Way, Leland NC 28451

PATIENT: _____ **DOB:** _____ **SSN:** _____ - _____ - _____

Patient Phone: (H) _____ (W) _____ (M) _____

Address: _____

Primary Care Provider: _____ PCP Phone: _____

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Primary Ins Co: _____

Policy/ID #: _____

Group #/Plan Name: _____

Subscriber: _____

Ins Co: _____

Ins Co Ph #: _____

Auth #: _____

Secondary Ins Co: _____

Policy/ID #: _____

Group #/Plan Name: _____

Subscriber: _____

Ins Co: _____

Ins Co Ph #: _____

Auth #: _____

REFERRING MD: _____ **Ph #:** _____ **Fax #:** _____

Hematology / Oncology Diagnosis: _____

Special Needs: Social Work * Transportation * Pharmaceutical Assistance * Translator * Other

Physician Requested: _____

* 1st AVAILABLE * Dr.Anagnost * Dr.Arb * Dr.Belle * Dr.Kotz * Dr.Markow * Dr.McNulty * Dr. Prochaska * Dr.Schreiber * Dr.Testori *

Location: * Zimmer Cancer Center * Leland *

Appt Time Frame Requested: _____

* Please note we cannot guarantee requested time frames & must consider medical necessity when scheduling any appointment.
*STAT referrals: Physician to physician contact preferred.

RE-CONFIRM

Please send complete information in order for us to serve our mutual patients more efficiently.

1. Complete demographics, including insurance ID/Group numbers
2. Clear copy of insurance cards (front and back)
3. Last physicians notes & labs
4. **Oncology diagnosis must include scans & pathology**