WVU Cancer Institute
CROSSLAND CANCER CENTER

POTOMAC VALLEY HOSPITAL

HEMATOLOGY/ONCOLOGY REFERRAL

Kevin Shannon, MD
PHONE: **304-597-1302** FAX: **304-597-2028** **100 Pin Oak Lane • Keyser, WV 26726**

Scheduled Appointment Date: _____/_____/_____ at _____ ☐ AM/ ☐ PM

Referring Provider: _____

Phone #: _____ Fax #: _____

Address: _____

Referring Diagnosis: _____

PATIENT INFORMATION

Name: (Last) _____ (First) _____ (MI) _____

DOB: _____/_____/_____

Address: _____

Home #: _____ Cell #: _____ Work #: _____

INSURANCE INFORMATION

Insurance Co. Name: _____ Phone: _____

Policy ID #: _____ Subscriber's Name: _____

Please provide all supporting documentation (i.e. demographics, relevant office notes, lab results, imaging, pathology reports, any prior cancer history and/or treatment, etc.)

Send all documentation via secure fax to 304-597-2028.