WVUMedicine

UNITED HOSPITAL CENTER

**UHC Oncology**
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**Paul M. Brager, M.D.**
**Shamsher Ali, M.D.**
**Salman S. Osman, M.D.**
Oncology/Hematology Specialists

# REFERRAL/CONSULTATION FORM

Please complete all sections of this form and FAX it to: (681) 342-3445

**Referring Provider:** _____ **Today's Date:** _____

**Referring Provider Phone #:**_____ **Office FAX #:** _____

**Primary Care Provider:**_____ **Person Completing Form:** _____

**Patient's Name (F,MI,L):**_____ **Patient's SSN:** _____

**Patient's Address:** _____

**Patient's Date of Birth:**_____ **Patient's Phone #:**_____

**Patient's Insurance/Auth #'s:**_____

**Reason for Referral (please be specific):**_____

**Please Note: We offer next business day appointments. Please specify time frame for new patient appointment.**
____ Next Business Day (Urgent)
____ Waiting for additional test results scheduled on (date): _____
____ No Preference
____Other

Please indicate Physician Preference:
____ Dr. Brager
____ Dr. Ali
____ Dr. Osman
____ First Available

Please include the following documents for referrals
***Most recent progress notes, CT reports, lab results, and procedure reports**

**Office Use Only**
Provider:
EPIC MRN:
Appointment Date:
Appointment Time:

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