

# UNITED HOSPITAL CENTER

**UHC Oncology**  
327 Medical Park Drive  
Bridgeport, WV 26330  
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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: