

UNITED HOSPITAL CENTER

UHC Oncology
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Zeeshan Ahmad, MD
Paul M. Brager, M.D.
Salman S. Osman, M.D.
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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. Ahmad
- Dr. Brager
- Dr. Osman
- Dr. Vishwanathan
- 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: