

NEW REFERRAL

To: PENINSULA ONCOLOGY CENTRE

From: _____ **Date:** _____

Can you please supply the following information regarding your patient. We will contact the patient directly to make an appointment to see one of our Oncologists.

If you would like to refer to a particular Oncologist, please list this below or leave blank.

Preferred Dr: _____ **Patient Name:** _____

D.O.B: _____ **Phone Number:** _____

Please supply the following:

1. LETTER OF REFERRAL
2. OPERATION REPORT
3. HISTOLOGY/CYTOLOGY REPORTS
4. RADIOLOGY REPORTS
5. RECENT BLOOD TESTS
6. HAS THIS PATIENT BEEN SEEN BY ANY OTHER SPECIALIST RELATING TO THIS OR ANY OTHER CONDITION? IF SO, PLEASE LIST
