ROGEL CANCER CENTER
UNIVERSITY OF MICHIGAN HEALTH

OUTPATIENT CONSULT REQUEST FOR ONCOLOGY SERVICES

COMPLETE *this form and* ***FAX*** *(numbers on bottom of page) with relevant progress* ***notes****, diagnostic* ***results****, labs and pathology* ***reports*** *(NOT performed at U of M Health) and patient* ***insurance card*** *(front and back).*

Today's Date: _____ **Requester Name & Phone:** _____

Appointment Request is: _____ Urgent (within 1 week) _____ Routine (next available) _____ 2nd Opinion

SECTION 1: Patient Information

Last Name: _____ First Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

DOB: _____ Gender: _____ Male _____ Female

Other Contact Name: _____ Phone: _____ Relationship to Patient: _____

Primary Insurance: _____

Policy Holder Name (if NOT patient): _____ Policy Holder DOB: _____

SECTION 2: Physician Information (if referring physician is not primary care physician, provide PCP as well)

Referring Physician: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Care Physician: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

SECTION 3: Patient History Information

Reason for Consult Request: _____

PRIOR HISTORY OF CANCER, Type: _____ When: _____

Provide details of any relevant diagnostic testing or procedures, date(s) completed and location performed.

Type:	Specific Procedure:	Date:	Location:
MRI			
CT			
LABS			
BIOPSY			
OTHER			

FAX Number:	*Clinic:*
734-232-6560	Hematology Oncology (**Lymphoma**, **Myeloma**, **Benign Hem** & **Coagulation** Disorders)
734-232-8840	Adult **Leukemia** & Adult **Bone Marrow Transplant** (BMT)
734-615-8212	**Breast** Medical & Surgical Oncology and Benign Breast
734-232-4978	**Gynecologic**, **Neurologic**, & **Endocrine** Oncology
734-232-9357	**Urology** Medical & Surgical Oncology
734-232-9365	**Lung**, **Head & Neck**, **Liver**, **Pancreatic**, **GI**, **Colorectal** Cancers, **Sarcoma**, **Orthopedic Surgical** Oncology, and Cancer of **Unknown Primary** Origin
734-998-1255	**Melanoma** Medical Oncology
734-763-7672	Clinical **Genetics** (Cancer, Medical & Breast-Ovary Cancer Risk Evaluation BOCRE)