200 N. Park Street
Kalamazoo, MI 49007
Phone 269-382-2500
Fax 269-373-0108
www.wmcc.org

WMCC
West Michigan Cancer Center
Radiation & Surgical Specialties

WMCC #_____
Patient Name: _____

NEW PATIENT REFERRAL FORM

FAX COMPLETED FORM TO 269-373-7431
Incomplete forms may result in delayed scheduling

Requested Service	Appointment Requested	Tumor Board Conference
☐ Gynecologic Oncology ☐ Radiation Oncology ☐ Surgical Oncology	☐ First Available ☐ Urgent	☐ GI Conference

REFERRING PHYSICIAN INFORMATION

Physician's Name: _____ NPI: _____

Clinic Name: _____

Telephone Number: _____ Fax Number: _____

Direct Contact Name: _____ Direct Contact Telephone Number: _____

Diagnosis/Reason for Referral: _____ Patient Aware of Diagnosis? ☐ YES ☐ NO

Primary Care Physician Name: _____ NPI: _____

Telephone Number: _____ Fax Number: _____

PATIENT INFORMATION

A COPY OF THE FRONT AND BACK OF THE INSURANCE CARD ALONG WITH IDENTIFICATION ARE NEEDED TO SCHEDULE THE PATIENT

Patient Name: _____ DOB: _____

Address: _____

City/State/Zip: _____ Primary Phone Number: _____

Gender: ☐ Male ☐ Female Email: _____

Interpreter Services Needed: ☐ YES ☐ NO If yes, language: _____

Does the Patient Have an Active DPOA or Legal Guardian: ☐ YES ☐ NO If Yes, Please Include Copy

Biopsy/Surgery Date: _____

ADDITIONAL INFORMATION

FAX REPORTS TO 269-373-7431

- Pathology/Operative Reports
- Consult/Office Visit Notes
- Previous Labs x 3 years
- Radiology/ Imaging Reports
- Previous Cancer Treatment including chemotherapy & radiation flowsheets