200 N. Park Street
Kalamazoo, MI 49007
Phone 269-382-2500
Fax 269-373-7431
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 - Previous Labs x 3 years
- Consult/Office Visit Notes - Radiology/ Imaging Reports
- Previous Cancer Treatment including chemotherapy & radiation flowsheets