



# Nevada Cancer

INSTITUTE

Research · Treatment · Education

<b>From:</b>	<b>Fax To:</b> Nevada Cancer Institute (702) 944-0447
<b>Number of Pages:</b>	
<b>Date:</b>	

## PATIENT REFERRAL / FAX COVERSHEET

<b>Patient Name:</b>	
	<input type="checkbox"/> Facesheet faxed to NVC I

<b>Reason for Referral:</b> (symptoms)	
<b>Diagnosis:</b> (if available)	
<b>Fax Referral with the following:</b>	<input type="checkbox"/> All Lab & Radiology <input type="checkbox"/> H&P <input type="checkbox"/> All Pathology and Operative Reports <input type="checkbox"/> MD Progress Notes
<b>Has the patient been hospitalized recently?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Hospital:
<b>Other medical information:</b>	

<b>Referring Physician:</b>	
<b>Office Contact:</b>	
<b>Phone:</b>	

Physicians wishing to refer patients to Nevada Cancer Institute may fax this form to (702) 944-0447 or please call our Physicians Referral Office (702)822-5111. Thank you.

Nevada Cancer Institute • One Breakthrough Way • Las Vegas, Nevada 89135