



# Nevada Cancer INSTITUTE

Research · Treatment · Education

<b>From:</b>	Call In To: (702) 822-5111
<b>Number of Pages:</b>	Electronic Fax: (702) 944-0447
<b>Date:</b>	Machine Fax: (702) 932-6629

## PATIENT REFERRAL / FAX COVERSHEET

<b>Patient Name:</b>	
	Phone Number:
	Address:
	DOB:

<b>Appointment Type:</b>	<input type="checkbox"/> STAT: Please call (702) 822-5111 after faxing this form. <input type="checkbox"/> First Available: Schedule within standard of seven business days.
<b>Diagnosis:</b>	
<b>Referring to:</b>	
<b>Fax Referral with the following:</b>	Patient Profile (demographics), All Lab & Radiology, All Pathology and Operative Reports, MD Progress Notes

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

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