BAY AREA HOSPITAL | BAY AREA CANCER CENTER

Radiation and Medical Oncology Referral Fax Sheet

Fax this form with the records below. Check attached items and list missing or pending records.
Include patient name and DOB on each attachment.

TO: ☐ Radiation Oncology ☐ Medical Oncology ☐ Both

Referral fax: 541-267-5083 Clinic phone: 541-269-8494

Date: _____ Total pages including this sheet: _____

Patient and referring provider

Patient name: _____ DOB: _____

Patient phone: _____ Alternate contact: _____

Referring provider: _____ Practice: _____

Office contact: _____ Phone: _____ Fax: _____

Diagnosis / ICD-10: _____

Reason for consult / clinical question:

_____

Priority: ☐ Routine ☐ Urgent Reason / timeframe: _____

Urgent referral? Call the clinic in addition to faxing.

All referrals

☐ Signed referral order with specialty, diagnosis and reason for referral.

☐ Demographics, insurance / card copies and authorization if required.

☐ Recent office notes / H&P, relevant specialist notes and discharge summaries.

☐ Medication list, allergies and relevant medical / surgical history.

☐ Pathology / biopsy reports and addenda, including margins and lymph node findings.

☐ Baseline diagnostic imaging (CT, MRI, PET) uploaded to PACS.

☐ Baseline labs from the last 30 days, including collection dates.

Radiation oncology - Include if applicable

☐ Prior radiation summary: site, dates, dose and fractions.

☐ Prior radiation facility contact; send plans / dosimetry when requested.

☐ Medical oncology notes and past, current or planned systemic therapy.

Medical oncology - Include if applicable

☐ Cancer staging / workup and prior oncology consult notes.

☐ Biomarker, molecular / genomic, receptor and other tumor test reports.

☐ Prior systemic therapy: regimens, dates, response and major side effects.

Missing records and patient needs

Missing / pending records, source and expected date: _____

Interpreter, transportation or other needs: _____

Send available records promptly and list missing items. More records may be requested after review.

Confidential - for the receiving care team only. If received in error, notify the sender and securely destroy.