BARBARA ANN Karmanos
CANCER INSTITUTE
Wayne State University
McLAREN GREATER LANSING

Beth Layhe, D.O. **Cheryl Kovalski, D.O.**
2901 Stabler Street, Lansing, MI 48910, P. 517-272-1950 F. 517-272-1961
Main Office – Lansing **Eaton Rapids** **Grand Ledge** **Williamston**

NEW PATIENT REFERRAL **____Dr. Beth Layhe** **____Dr. Cheryl Kovalski**

Patient Name_____ Gender ___Male ___Female DOB_____
Pt's Address_____
Home Phone_____ Cell Phone_____ SS#_____
Employer_____ Work Phone_____
Emergency Contact Name_____ Relationship to patient_____
Emergency contact phone number_____

Diagnosis_____

Referring
Physician Name_____ Phone_____ NPI #_____
Address_____ Fax #_____ Contact Person_____

Is **Primary Care Physician** same as referring? ___yes ___no
If no, give Primary Care Physician's name_____ Phone #_____
Address_____

Has patient been hospitalized for above diagnosis within past 6 months? ___yes ___no
If yes, place and date_____

Medical Records needed include the following:
___Copy insurance card(s) **(MANDATORY – FRONT & BACK)**
___Most recent history & physical / dictated notes
___Recent laboratory reports – **hematology patients last 6 months**
___All recent x-rays, scans, endoscopy and reports
___All pertinent pathology reports
___Chemotherapy records and/or Radiation Treatment records
___Any related discharge summaries
___Operative reports
___Insurance authorization form from primary care physician

Please fax all records related to above diagnosis to Karmanos Cancer Institute at McLaren Greater Lansing at (517) 272-1961.

If you have any questions, please call (517) 272-1950.

Medical Oncology Associates Use only	Appt. Date / Time
Attending	Scheduled arrival time
In addition, assigned to Fellow	Packet sent
Scheduled/Approved by	Referring Dr. notified date/by