

Anticoagulation Clinic - Fax (517) 975-2955
Genitourinary Multidisciplinary Clinic - Fax: (517) 975-7810
Prostate Clinic Tumor Review Only (No patient) (517) 975-7810
Prostate Clinic Consult with Patient (517) 975-7810
Lung and Esophagus Institute - Fax: (517) 485-1490



GREATER LANSING

PLEASE COMPLETE AND FAX WITH MEDICAL RECORDS

Multidisciplinary Clinic Referral Form

Referring Physician: _____ Phone: _____ Fax: _____

Patient Name: _____ Date of Birth: _____

Patient Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Request for: Consult Referral Consult and Treat Procedure

Appointment Priority: ASAP Routine (1-2 weeks) Other _____

Reason for Referral/Diagnosis: _____

Insurance Type: BC/BS Medicare BCN Medicaid PHP Aetna

McLaren (Advantage / Medicaid) OTHER _____

Contract #: _____ Group #: _____ Copay \$ _____

Subscriber Name: _____ DOB: _____ Relationship to Patient: _____

Appointment Confirmation:

Appointment Date: _____ Time: _____

Scheduled with Dr. _____

**PLEASE FAX WITH COPIES OF MEDICAL RECORDS,
TESTING, X-RAY / MRI / CT SCANS, AND NECESSARY REPORTS.**

****THIS INFORMATION MUST BE RECEIVED PRIOR TO APPOINTMENT BEING SCHEDULED****