Karmanos CANCER INSTITUTE | McLaren BAY REGION

Karmanos Cancer Institute at McLaren Bay Region – Medical Oncology
3140 W. Campus Dr.
Bay City, MI 48706
Phone: (989) 667-2370 Fax: (989) 671-9275

Referral Form

PROVIDER PREFERENCE:

First Available ☐ **Jonathan Abramson, MD** ☐ **Joshua Christy, MD** ☐

Melissa Duchene, FNP ☐ **Stephanie Leslie, FNP-BC** ☐

Please complete this form and fax it to our office with the following information:

Pathology **Diagnostic Imaging** **Office Note** **Demographics** **Lab Results***

(*Please include at least 6 months of lab results)

NOTE: Appointments will be made after our physician reviews all of the information requested. We will notify your office of the appointment. **Please notify your patient of the time and date of appointment.**

Today's Date: _____ **Diagnosis:** _____

Patient Name: _____ **Date of Birth:** _____

Address: _____

Phone: _____ **SS#:** _____

Primary Insurance: _____ **Auth if needed:** _____

Secondary Insurance: _____ **Auth if needed:** _____

Ref. Physician: _____ **Phone:** _____ **Fax:** _____

Contact Person: _____

Prim. Physician: _____ **Phone:** _____ **Fax:** _____

APPOINTMENT DATE & TIME: _____

Faxed to referring office: _____ **Sent New Packet:** _____