

REFERRAL REQUIREMENTS CHECKLIST

Date:

To:	Fax #:
Ryan – New Patient Intake	(970) 470-6775
Organization:	Phone #:
Shaw Cancer Center	(970) 470-6675
From:	Fax #:
Department:	Phone #:

Patient Name: _____ Date of Birth: _____

Referring provider: _____

Referring facility: _____

Thank you for choosing the Shaw Cancer Center. **Before we can schedule your appointment, we require the following records to be sent:**

- Facesheet / Demographics
- Referral
- Clinic progress notes 2 - 3 most recent
- Labs 2 - 3 most recent
- Imaging Reports – post-diagnosis or that provided the diagnosis
- Operative/Biopsy Reports
- Pathology

Please process as soon as possible and fax the requested documents to (970) 470-6775 as records are needed for review before consult to determine urgency and scheduling. Please contact the Shaw Cancer Center at the above numbers with any questions.

Thank you!