



**COMPLETE** this form and **FAX** (numbers on bottom of page) with relevant progress **notes**, diagnostic **results**, labs and pathology **reports** (NOT performed at U of M Health) and patient **insurance card** (front and back).

**Today's Date:** \_\_\_\_\_ **Requester Name & Phone:** \_\_\_\_\_  
Appointment Request is: \_\_\_\_\_ Urgent (within 1 week) \_\_\_\_\_ Routine (next available) \_\_\_\_\_ 2nd Opinion

*SECTION 1: Patient Information*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female  
Other Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_  
Primary Insurance: \_\_\_\_\_  
Policy Holder Name (if NOT patient): \_\_\_\_\_ Policy Holder DOB: \_\_\_\_\_

*SECTION 2: Physician Information (if referring physician is not primary care physician, provide PCP as well)*

**Referring Physician:** \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
**Primary Care Physician:** \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*SECTION 3: Patient History Information*

Reason for Consult Request: \_\_\_\_\_  
PRIOR HISTORY OF CANCER, Type: \_\_\_\_\_ When: \_\_\_\_\_

*Provide details of any relevant diagnostic testing or procedures, date(s) completed and location performed.*

Type:	Specific Procedure:	Date:	Location:
MRI			
CT			
LABS			
BIOPSY			
OTHER			

FAX Number:	Clinic:
734-232-6560	Hematology Oncology ( <b>Lymphoma, Myeloma, Benign Hem &amp; Coagulation</b> Disorders)
734-232-8840	Adult <b>Leukemia</b> & Adult <b>Bone Marrow Transplant</b> (BMT)
734-615-8212	<b>Breast</b> Medical & Surgical Oncology and Benign Breast
734-232-4978	<b>Gynecologic, Neurologic, &amp; Endocrine</b> Oncology
734-232-9357	<b>Urology</b> Medical & Surgical Oncology
734-232-9365	<b>Lung, Head &amp; Neck, Liver, Pancreatic, GI, Colorectal</b> Cancers, <b>Sarcoma, Orthopedic Surgical</b> Oncology, and Cancer of <b>Unknown Primary</b> Origin
734-998-1255	<b>Melanoma</b> Medical Oncology
734-763-7672	Clinical <b>Genetics</b> (Cancer, Medical & Breast-Ovary Cancer Risk Evaluation BOCRE)