

REFERRAL REQUIREMENTS CHECKLIST

Date:

To:	Fax #:
Ryan – New Patient Intake	(970) 470-6775
Organization:	Phone #:
Shaw Cancer Center	(970) 569-7600
From:	Fax #:
Department:	Phone #:

Patient Name:	Date of Birth:
Referring provider:	
Referring facility:	

Thank you for choosing the Shaw Cancer Center to care for your patient. In order for us to schedule your patient for a consultation, we request that copies of the following records 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!