CONFIDENTIAL

Phone: 912-354-6187 & Fax 912-691-9231

Attention: New Patient Referrals

ST. Joseph's | Candler
Summit Cancer Care

SAVANNAH LOCATION

Ronald F. Goldberg, MD; Grant C. Lewis, MD; Barry L. Luskey, MD; L. E. Robertson, MD; Alison E. Spellman, MD; Mark A. Taylor, MD; Stephen A. White, MD

STATESBORO LOCATION

Ronald F. Goldberg, MD; Grant C. Lewis, MD; L. E. Robertson, MD FACP

BLUFFTON LOCATION

Kathy L. Christman, MD

LOCATION ■ Savannah ■ Statesboro ■ Bluffton

SCHEDULE ■ First available ■ Stat 2-3 days ■ 7-10 days

Reason for referral to include diagnosis _____

Patients name _____

Date of birth _____ Social security number _____ - _____ - _____

Referring Physician _____ Phone _____

Referring Physician contact _____ Fax _____

The consultation will be scheduled with any physician at the requested location. If you prefer a specific physician please specify and we will try to accommodate your request. A mandatory request for a specific physician requires a physician to physician phone call. Thank you for your cooperation.

Please include a copy of the insurance card(s) and demographic sheet. Please include the full social security number of the insured. If the insurance requires a referral or authorization you must include it in your paperwork or the appointment will not be scheduled.

If Malignancy Related Diagnosis: Previous biopsy or surgery? ■ Yes ■ No

ALL PERTINENT REPORTS MUST ACCOMPANY THE REFERRAL FOR ALL APPOINTMENT TYPES OR THE APPOINTMENT WILL BE DELAYED

Has the patient seen an Oncologist? ■ Yes ■ No Recent radiologic studies? ■ Yes ■ No

REQUESTED ITEMS TO BE FAXED

- **New Patient Referral Form**
- **Insurance Card(s)**
- **Referral/Authorization**
- **Medical records including any pathology, lab work and diagnostic imaging reports**

For SJ/C Summit Cancer Care Use Only

Date Referral received _____ **Date completed** _____ **Received Ins Card** _____

Appointment Date _____ **Physician scheduled** _____ **Received Ref/Auth form** _____

Appointment Time _____ **Initials** _____ **Received Records** _____