



Northern Light
Eastern Maine Medical Center

NORTHERN LIGHT CANCER CARE NEW PATIENT REFERRAL FORM

Lafayette Family Cancer Institute, 33 Whiting Hill Road, Brewer ME 04412
Tel (207) 973-7478 Fax: (207) 973-9457

Please complete this form entirely and forward to Northern Light Cancer Care. All sections need to be completed before an appointment can be made. This request will be reviewed by our physician staff and you will be called with the next available appropriate appointment.

PATIENT INFORMATION

LAST NAME	FIRST NAME	MRN	DOB
ADDRESS	CITY	STATE	ZIP
PHONE-1	PHONE-2		

REFERRAL INFORMATION

DATE OF REFERRAL:	REFERRING TO:	REFERRED BY:
REASON FOR REFERRAL/DIAGNOSIS	<input type="checkbox"/> MEDICAL ONCOLOGIST <input type="checkbox"/> RADIATION ONCOLOGIST <input type="checkbox"/> HEMATOLOGIST <input type="checkbox"/> CANCER GENETICS	REFERRING PHYSICIAN: PHONE FAX PRIMARY CARE PROVIDER: STAFF COMPLETING REFERRAL

INSURANCE

PRIMARY INSURANCE	GROUP NUMBER	CONTRACT NUMBER
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DOCUMENTS PROVIDED

Please Fax the following documents at (207) 973 9457 if NOT available within the Northern Light Health System

CLINICAL NOTES (Most Recent)	TYPE	FACILITY	MONTH	YEAR	
PATHOLOGY (Most Recent)	BODY SITE	FACILITY	MONTH	YEAR	
LABS (Most Recent)	FACILITY	MONTH	YEAR	<input type="checkbox"/> LABS IN POWERCHART	
RADIOLOGY (Most Recent)	MODALITY	SITE	FACILITY	MONTH	YEAR
<input type="checkbox"/> IMAGING IN IMPAX					

SECTION RESERVED FOR NORTHERN LIGHT CANCER CARE STAFF

APPOINTMENT

MED. ONC APPT. DATE: <input type="text"/> <input type="text"/> APPT. TIME: <input type="text"/> <input type="text"/> MEDICAL ONCOLOGIST ASSIGNED <input type="text"/> RADIATION ONCOLOGIST ASSIGNED <input type="text"/>	<input type="checkbox"/> REFERRING OFFICE NOTIFIED DATE: <input type="text"/> <input type="text"/> TIME: <input type="text"/> <input type="text"/> <input type="checkbox"/> PACKET SENT <input type="checkbox"/> NN FAXED <input type="checkbox"/> PATIENT CALLED APPT. SCHEDULED BY <input type="text"/>	PHYSICIAN ORDERS <input type="text"/>
COMMENTS	<input type="text"/>	