1455 E. BERT KOUNS INDUSTRIAL LOOP
Medical Office Bldg 2 • Suite 101
SHREVEPORT, LA 71105
Phone: 318.798-4424 • **Fax: 318.798.4450**

HIGHLAND CLINIC
ONCOLOGY ASSOCIATES

"Quality Cancer Care Near You"

MANISH DHAWAN, M.D.
KIRTAN KOTICHA, M.D.
BEN H. QUINNEY, J.R. M.D.
LAUREN SCHEFFY, PA-C
KELLY WARREN, FNP-C
JENNIFER THORNTON, FNP-C

HIGHLAND CLINIC HEMATOLOGY/ONCOLOGY REFERRAL FORM

DATE ______________________ REQUESTED PROVIDER: ______________________

REFERRING PHYSICIANS NAME____

PHONE_______________________________ FAX NUMBER ___________________________

NURSE/CONTACT PERSON ____

PATIENT NAME ____ DOB________________________

PATIENT ADDRESS ____

SSN ______________________________ PHONE ______________________________________

PRIMARY INS_____________________________________ POLICY # ____________________________

SECONDARY INS _________________________________ POLICY # ______________________________

**** PLEASE SEND FRONT/BACK COPIES OF INSURANCE CARDS****

SELECT CLINIC LOCATION: __ SHREVEPORT __ MINDEN __ NATCHITOCHES

DIAGNOSIS/ICD10 CODE: ____

PLEASE SEND LAST CLINIC NOTE, MOST RECENT LABS, ANY PATH/XRAYS DX RELATED

NON-CHEMOTHERAPY INFUSIONS REQUESTED:

__ RITUXAN __REMICADE __ TYSABRI __RECLAST __IVIG

__ IRON __ OTHER:_______________________________________

IS THIS AN URGENT REQUEST ____ YES ____NO

PLEASE FAX REFERRAL REQUEST TO PREFERRED CLINICS FAX NUMBER