

GYNECOLOGIC ONCOLOGY REFERRAL FOR CONSULTATION

1700 6th Avenue South – WIC 10th Floor Birmingham, Alabama 35233
Tel: 205-996-4662 Fax: 205-996-2886

Patient Name: _____ DOB: _____

Address: _____

City, State, ZIP: _____

Patient's Email Address: _____

Primary Phone #: _____ Alternate Phone #: _____

Emergency Contact/Phone #: _____

Insurance Company: _____ Name of Insured: _____

Policy #: _____ Group #: _____ Pre-Certification/Referral #: _____

*Insurances requiring referral include: Cigna Health Springs, Humana Gold, Tricare, Medicare Complete, Aetna

**Insurances not accepted: United Healthcare Alonex, BCBS High Performance Network

Referring Physician: _____ Office Contact: _____

Office Phone: _____ Fax: _____

Diagnosis prompting consultation: _____

Will your patient require special assistance during her visit? (please specify, i.e. interpreter, wheelchair, financial, social work, etc.)

GYN ONC SERVICES REQUESTED

- | | |
|--|---|
| <input type="checkbox"/> Consultation | <input type="checkbox"/> Comprehensive Ovarian Cancer Program |
| <input type="checkbox"/> Surgical Consultation | <input type="checkbox"/> Cervical Cancer Program |
| <input type="checkbox"/> Chemotherapy/radiation | <input type="checkbox"/> Gyn Onc Genetics Program |
| <input type="checkbox"/> Clinical Trial Evaluation | |
| <input type="checkbox"/> First Available | <input type="checkbox"/> Requested Priority: _____ |
| | <input type="checkbox"/> Requested MD: _____ |

Preferred Location: ☐ UAB Medicine Main Campus ☐ UAB St. Vincent's Birmingham ☐ First Available

Pertinent medical records such as labs, last clinic note, operative notes, imaging studies (CT/US/PET), pathology reports, genetic testing results, Pap smear results (most recent), and copy of insurance card must be included with this referral form. Appointment confirmation will be faxed to your office within 24 hours of receipt of this form and medical records. Please fax appropriate records to 205-996-2886. If you have any questions **or need immediate assistance**, please call **205-996-4662**. **Please have the patient bring copies of imaging studies on CD to the appointment.** Thank you.

Rebecca Arend, M.D.

Teresa Boitano, M.D.

Warner Huh, M.D.

Charles Leath, M.D.

Haller Smith, M.D.

Michael Straughn, M.D.

Michael Toboni, M.D.

O'NEAL
Cancer Center

UAB MEDICINE