



A DIVISION OF AMERICAN ONCOLOGY PARTNERS, P.A.

NEW PATIENT REFERRAL FORM

Call or Fax Your Referral

Phone: (512) 358-9428 • Referral Fax: (737) 710-1920

Brian Shimkus, MD Derrick Nguyen, MD 1st Available

LOCATION:

GEORGETOWN | 3201 S. Austin Ave., Suite 315, Georgetown, TX 78626
 KYLE | 1180 Seton Parkway, Suite 150, Kyle, TX 78640

REASON FOR CONSULT/DX CODE (REQUIRED) _____

Urgency: ASAP (24 hrs.) Routine (48-72 hrs.) 1-2 Weeks

Patient Name _____

Patient Address _____

Date of Birth _____ Phone _____

Cell _____ Referring Doctor _____

Phone _____ Fax _____

Primary Care Provider (*if different than the referring doctor*) _____

Phone _____ Fax _____

PLEASE SUBMIT DEMOGRAPHICS AND COPIES OF ALL INSURANCE CARDS.

Thank you for entrusting your patients' care to Lone Star Oncology.

*We appreciate your confidence in LSO to care for your patients. Thank you for taking the time to send all required paperwork at time of referral (**recent office notes, lab, radiology reports and ALL pathology**) so we may see your patient as soon as possible. Please contact the office if you have any questions regarding necessary paperwork. **Thank you.***