Florida Oncology & Hematology
AMERICAN ONCOLOGY PARTNERS

NEW PATIENT REFERRAL FORM

Call or Fax Your Referral

Phone: (239) 231-7260 • **Referral Fax:** (239) 567-3667

708 Goodlette-Frank Road, Suite 302, 3rd Floor, Naples, FL 34102

☐ **MEDICAL ONCOLOGY** ☐ **HEMATOLOGY**

Zanetta Lamar, MD

REASON FOR CONSULT/DX CODE (REQUIRED) _____

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

Patient Name _____

Patient Address _____

Date of Birth _____ Preferred Phone _____

Alternate Phone _____

Referring Doctor _____

Phone _____ Fax _____

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

Phone _____ Fax _____

Primary Insurance Carrier _____

Name of Primary Policy Holder _____

Policy #/Group ID _____

Thank you for entrusting your patients' care to Florida Oncology & Hematology.

*We appreciate your confidence in FOH 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.***