OKLAHOMA CANCER SPECIALISTS AND RESEARCH INSTITUTE

PH: 918-505-3200
ocsri.org

NEW PATIENT REFERRAL

Department of Hematology, Medical Oncology

Basil Bakir, MD PhD Scott Cole, MD Melinda Dunlap, MD M. Byron Jennings, MD

Christopher Manus, MD Ali Moussa, MD Mark Olsen, MD Charles Taylor, MD Paul Zito, MD

Department of Malignant Hematology

Caleb Scheckel, DO Karen Swisher, MD

Department of Radiation Oncology

Joshua Garren, MD Grenville Jones, MD M. Connie Nguyen, MD Leslie Yonemoto, MD

PLEASE PRINT CLEARLY

Referring Provider: _____
Contact Person: _____ Phone #/Ext: _____

Refer to Department of Medical or Radiation Oncology for First Available: ☐

Medical_____ Radiation_____ (Please check correct one.) **OR**

If requesting specific provider, please indicate here (subject to availability): _____
NOTE: If the provider is not available due to schedule, OCSRI will assign the patient to another provider and notify your office.

Check below **only** if patient would prefer services through our satellite office:
_____ Bartlesville Office

Check ALL that apply:
_____ Biopsy pending Pathology
_____ Confirmed diagnosis
_____ Other _____
_____ Other _____

Patient's Name: _____ DOB: _____
Reason for Referral/Diagnosis (Please be specific; details will help triage urgency):

_____

_____

Please provide the information requested below to ensure timely processing. Please mark all that apply or N/A if records do not exist. *If test results (lab, imaging, etc.) are pending please document.

	Patient Demographics, including all phone numbers and authorization/referral if required
	Legible copy of Insurance Card, front and back
	Pathology confirming above diagnosis
	Any Imaging Results: CT Scan, Ultrasound, PET/CT, MRI, etc. (Circle what applies)
	Recent Progress/Procedure Notes from referring provider
	All previous operative reports available to the patient should be obtained
	Other records may be obtained at Dr. office or hospital
	Recent labs related to referral to OCSRI
	Previous oncology records if applicable

Please fax this cover sheet with requested demographics and records to (918) 592-3809 or email us at NewPatientReferrals@OCSRI.org