

Department of Gynecologic Oncology

CHECK IF APPLICABLE

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PLEASE PRINT CLEARLY

Referral Form: Fax to 918-592-3809

Referring provider: _____

Office contact person: _____ Phone # or ext: _____

Refer to Department of Gynecologic Oncology

Patients will be scheduled with the first available surgeon to allow access to care unless previously discussed with a specific provider.

Patient's name: _____ DOB: _____

Reason for referral: (Please be specific; we schedule based on clinical triage information.)

Other: _____

CHECK ALL THAT APPLY

- | | |
|---|---|
| <input type="checkbox"/> Abnormal Pap | <input type="checkbox"/> Endometrial Cancer |
| <input type="checkbox"/> Abnormal Vaginal Bleeding | <input type="checkbox"/> Uterine Fibroids or Tumors |
| <input type="checkbox"/> Cervical/Vaginal Dysplasia | <input type="checkbox"/> Ovarian Cancer (Confirmed/Suspected) |
| <input type="checkbox"/> Vulvar Cancer | <input type="checkbox"/> Large Pelvic Mass |
| <input type="checkbox"/> Cervical Cancer | <input type="checkbox"/> Complex Cysts |
| <input type="checkbox"/> Gest. Trophoblastic Neoplasm | <input type="checkbox"/> Elevated CA-125 |
| <input type="checkbox"/> Endometrial Hyperplasia | <input type="checkbox"/> Genetic Predisposition to GYN Cancer (BRCA+) |

Patient's primary insurance: _____

ID #: _____ Group #: _____

Phone #: _____ Medicaid referral initiated? Yes No

Referrals will NOT be processed without the following information. 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
- ____ Legible copy of insurance card
- ____ Pathology confirming above diagnosis
- ____ Pap smear results (any available including normal)
- ____ Any imaging results: CT scan, Ultrasound, PET/CT, MRI, etc. (check all that apply)
Patient should arrive to appointment with a CD copy of imaging for review
- ____ 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