



REFERRAL REQUEST FORM

Newport Beach Fashion Island

Phone: (949) 763-2204, ext. 1
Fax: (949) 536-8036

Newport Beach Lido

Phone: (949) 999-1400
Fax: (949) 478-8185

Irvine Sand Canyon

Phone: (949) 333-7580
Fax: (949) 333-7599

Huntington Beach

Phone: (714) 252-9415
Fax: (714) 963-8407

Referring Provider Information:

**Please provide all fields marked with a red asterisk*

*Referred by _____ Medical Group _____

*Phone _____ *Fax _____

Address _____ City _____ Zip _____

This form completed by _____

Patient Information *(Please provide copy of patient demographics/face sheet):*

*Last Name _____ *First Name _____ MI _____

*Date of Birth _____ *Gender: Male/Female *Phone _____

Patient's Address _____

Patient's Email _____

*Primary Insurance _____ Needs Interpreter? Y/N Language _____

Reason for Referral:

*Diagnosis/ICD-10 _____

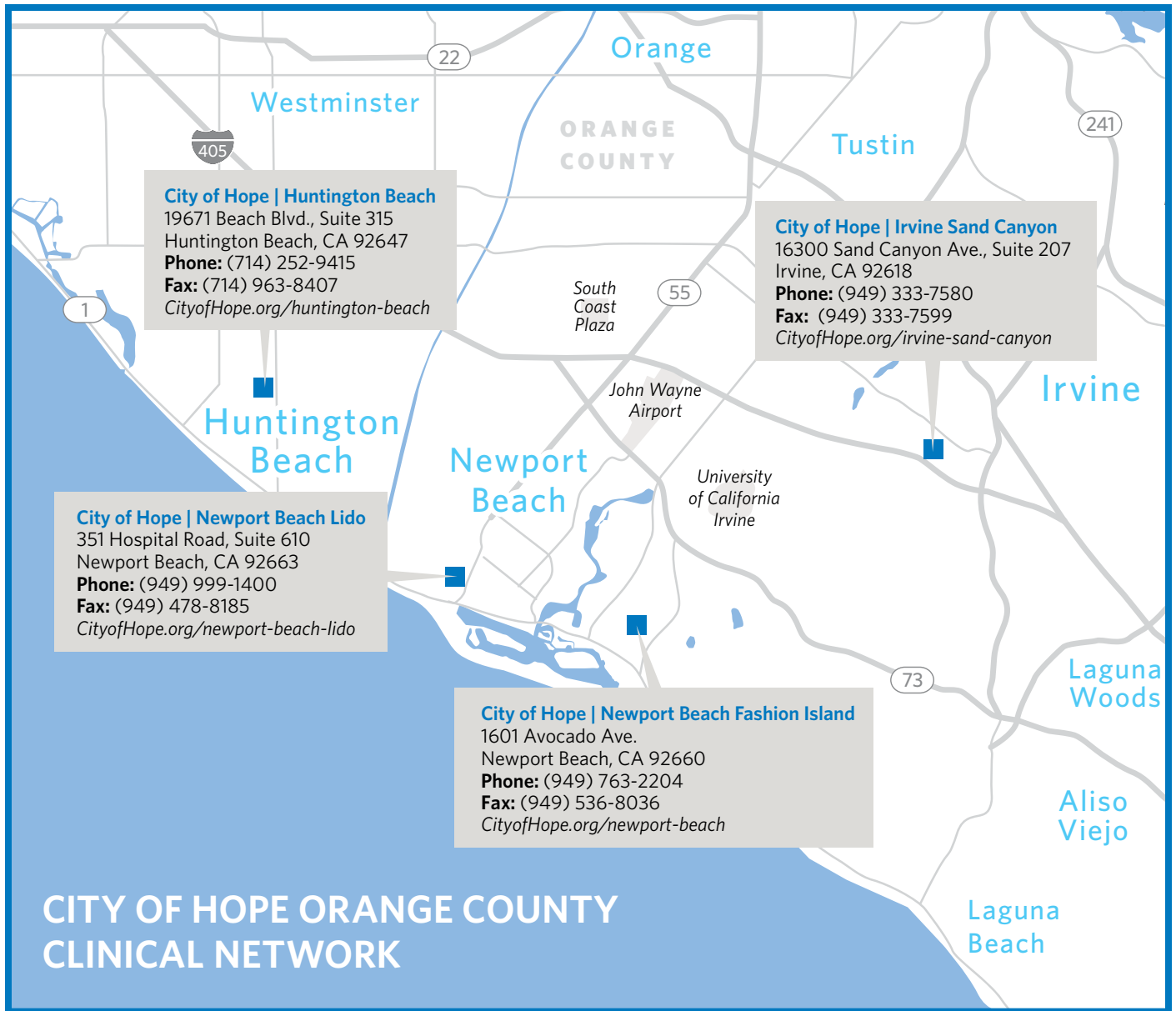
*Service/Specialty Requested _____

*Reason for Referral _____

City of Hope Physician Requested (optional) _____

***Documentation Required** *(please fax with this form)*

- ✓ Recent or relevant typed clinical notes/labs/test-pathology results/radiation reports/patient history/related consultations and procedure reports/MRI/CT/X-ray results/other referral information
- ✓ Authorization information
- ✓ Insurance information



OUR SERVICES

- Highly specialized medical oncology, hematology and surgical oncology
- Infusion center — chemotherapy, immunotherapy, intraperitoneal chemotherapy, hydration and other non-oncology infusions
- Personalized survivorship and supportive care services and programs

