City of Hope | ORANGE COUNTY

REFERRAL REQUEST FORM

City of Hope Orange County Lennar Foundation Cancer Center
Phone: (866) 408-1263
Fax: (949) 777-6750

REGIONAL CLINICS

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 _____

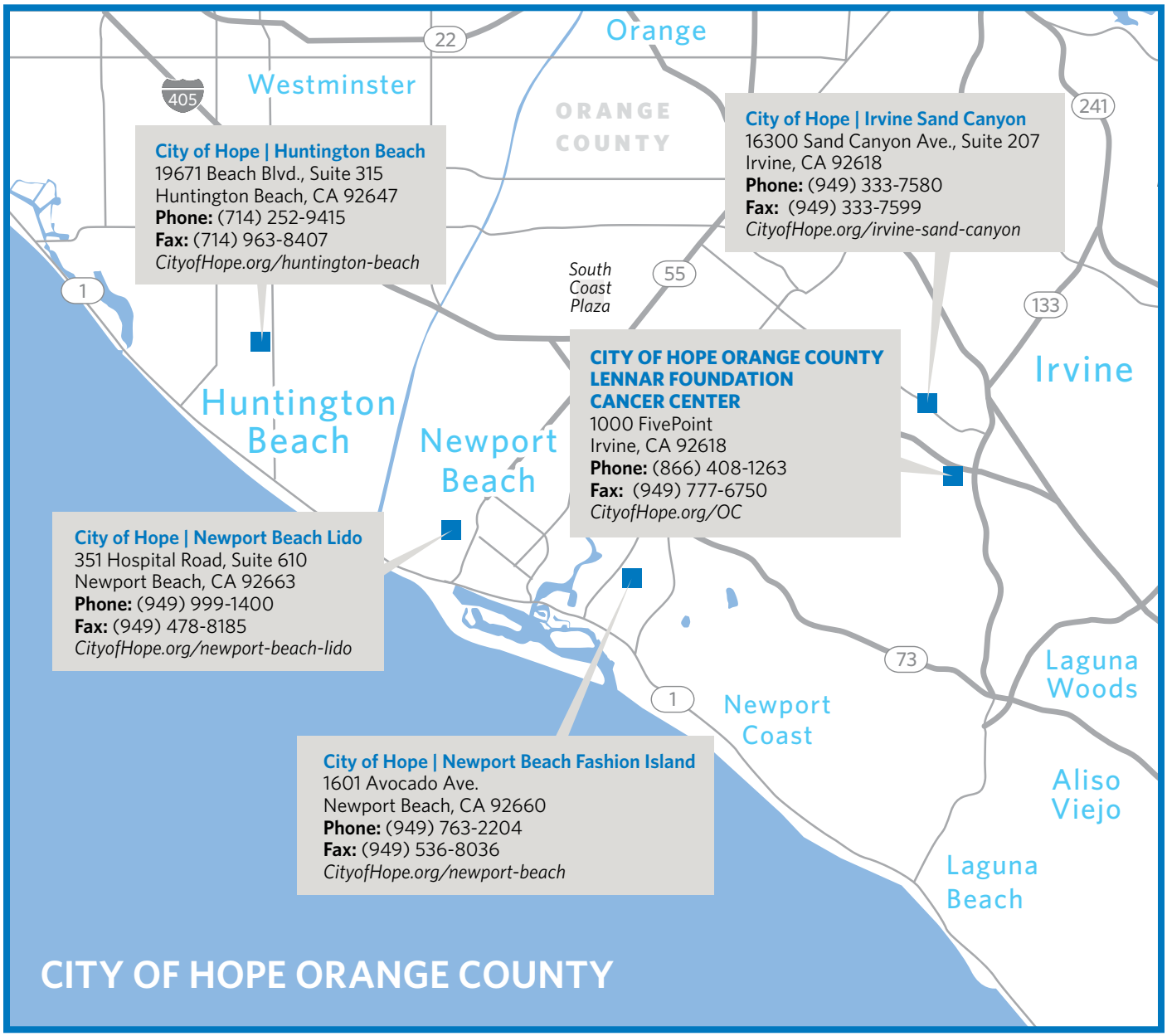
*Reason for Referral _____

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

Date: _____ # of pages faxed _____



City of Hope | ORANGE COUNTY

City of Hope Orange County
Lennar Foundation Cancer Center

Tax ID: 95-1683875

City of Hope Medical Foundation

Tax ID: 27-4803222