NORTH STAR LODGE

Virginia Mason Memorial

REFERRAL REQUEST: ____STAT ____URGENT ____ROUTINE

MEDICAL ONCOLOGY	**HEMATOLOGY ONCOLOGY**	**RADIATION ONCOLOGY**
FAX: 509-574-3473 PHONE: 509-574-3556	FAX: 509-574-3473 PHONE: 509-574-3556	FAX: 509-574-3565 PHONE: 509-574-3518

PATIENT INFORMATION

Patient name		D.O.B.	
SSN	Male Female (circle)	Marital status	
Address	City	State	Zip
Primary phone	Alternate phone		
Emergency contact	Relationship	Phone	
Primary insurance	Ins. Id#		
Primary insurance	Ins. Id#		

REFERRAL DETAILS

Clinic	Provider	Clinic contact
Phone	Fax	PCP

REFERRAL DETAILS

Reason for referral	
DX:	Provider requested 1st avail
Interpreter needed	Transportation needed

Fax this form along with the additional information to the appropriate fax # listed at the top of this form:

____3 Most Recent Notes ____Med List ____Labs ____Diagnostics ____Path/Op

Thank you for referring your patient to North Star Lodge Cancer Center.
You will receive confirmation once this referral is processed.

4/2017