WOMEN'S CANCER CENTER
GYNECOLOGIC ONCOLOGY

Ortenzio Cancer Center
2035 Technology Parkway, Suite 201
Mechanicsburg, PA 17050
717-988-1451 (direct referral line)
717-233-3868 (fax)

Community Campus
Bloom Outpatient Center
4310 Londonderry Rd, Suite 106
Harrisburg, PA 17109
717-230-3026 (direct referral line)
717-221-5611 (fax)

☐ Jose E. Misas, MD ☐ Edward S. Podczaski, MD ☐ Sharon Ann-Romano Fitzgerald, MD

Thank you so much for asking us to participate in the care of your patient. We appreciate your confidence in our practice. In order for us to promptly contact your patient and provide her with an appropriate appointment, we ask that you fax to us the following pertinent material that applies to this patient: Recent Progress Notes, Radiology Reports, Pathology Reports, PAP Results, Laboratory Reports, Operative Reports, EKG, Current Medications, Copy of Insurance Cards (both sides)

Please fax all forms to the respective practice

In addition, in order for us to properly document your request, we ask that you write a brief note below. Thank You.

Reason for Referral: _____

Referring Physician (Please Print)_____

Referring Practice Phone # _____ Fax _____

Referring Doctor's NPI # _____ Practice Name _____

Patient's Primary Care Physician_____ Phone #_____
(if not referring provider)

PATIENT NAME _____

Social Security # _____ DOB_____/_____/_____

Phone # _____ Work # _____ Cell # _____

Address _____

Primary Insurance _____ Policy # _____ ID # _____

Subscriber _____ Social Security # _____ DOB _____/_____/_____

Subscriber's Employer _____

Secondary Insurance_____ Policy # _____ ID # _____

Subscriber _____ Social Security # _____ DOB _____/_____/_____

Appointment Date Scheduled_____ Dr. _____

Please retain a copy for your records

UPMC LIFE CHANGING MEDICINE

WOMEN'S CANCER CENTER REFERRAL FORM

PATIENT IDENTIFICATION

Form 39342-30 (06/20) MR (InD)
Aztec Barcode 201013