Northern Light
Eastern Maine Medical Center

NORTHERN LIGHT CANCER CARE NEW PATIENT REFERRAL FORM

Lafayette Family Cancer Institute, 33 Whiting Hill Road, Brewer ME 04412
Tel (207) 973-7478 Fax: (207) 973-9457

Please complete this form entirely and forward to Northern Light Cancer Care. All sections need to be completed before an appointment can be made. This request will be reviewed by our physican staff and you will be called with the next available appropriate appointment.

PATIENT INFORMATION

LAST NAME	FIRST NAME	MRN	DOB

ADDRESS	CITY	STATE	ZIP	PHONE-1	PHONE-2

REFERRAL INFORMATION

DATE OF REFERRAL:

REASON FOR REFERRAL/DIAGNOSIS

REFERRING TO:

- ☐ MEDICAL ONCOLOGIST
- ☐ RADIATION ONCOLOGIST
- ☐ HEMATOLOGIST
- ☐ CANCER GENETICS

REFERRED BY:

REFERRING PHYSICIAN:

PHONE

FAX

PRIMARY CARE PROVIDER:

STAFF COMPLETING REFERRAL

INSURANCE

PRIMARY INSURANCE	GROUP NUMBER	CONTRACT NUMBER

DOCUMENTS PROVIDED

Please Fax the following documents at (207) 973 9457 if NOT available within the Northern Light Health System

CLINICAL NOTES (Most Recent)

TYPE	FACILITY	MONTH	YEAR

PATHOLOGY (Most Recent)

BODY SITE	FACILITY	MONTH	YEAR

LABS (Most Recent)

FACILITY	MONTH	YEAR

☐ LABS IN POWERCHART

RADIOLOGY (Most Recent)

☐ IMAGING IN IMPAX

MODALITY	SITE	FACILITY	MONTH	YEAR

SECTION RESERVED FOR NORTHERN LIGHT CANCER CARE STAFF

APPOINTMENT

	MED. ONC	RADIATION
APPT. DATE:		
APPT. TIME:		

MEDICAL ONCOLOGIST ASSIGNED

RADIATION ONCOLOGIST ASSIGNED

COMMENTS

☐ REFERRING OFFICE NOTIFIED

DATE:

TIME:

☐ PACKET SENT

☐ NN FAXED

☐ PATIENT CALLED

APPT. SCHEDULED BY

PHYSICIAN ORDERS