



Roane General Hospital
Hematology/Oncology
Dr. Sumaria Shafi, M.D.
200 Hospital DR. • Spencer, WV 25276
Phone: 304.9276207 Fax: 304.927.6337

Date of Referral: _____

Type of referral: Stat _____ Urgent _____ Routine _____

Diagnosis: _____

For Tumor referrals, please send the following records:

- Pathology report(s)
- Operative report(s)
- Radiology reports(CT scans, PET scans, CXR or other pertinent exams.)
(If x-rays have been performed anywhere besides Roane General, please send a disc for our doctors to review)
- Office Notes
- Lab reports

For Hematology Referrals, please send the following records:

- Lab reports (past year, if available)
- Office notes
- X-ray results, if applicable

Has the patient been seen by another oncologist for this problem? Yes No

PATIENT INFORMATION

NAME: (Last) _____ (First) _____ (MI) _____

Gender: M F DOB: ____/____/____ Social Security #: _____

Address: _____

Home#: _____ Cell#: _____ Work#: _____

INSURANCE INFORMATION

(We will need a copy of insurance card)

Insurance Co. Name: _____ Insurance ID# _____

Company Phone#: _____ Subscriber Name: _____ DOB: __/__/__

Authorization#: _____ Date(s): _____

Requesting Physician:	Contact Name:
Address:	Phone #:
	Fax #:

If patient is no longer able to keep scheduled appointment, we request 24-hour notification

Appointment Date: _____ Time: _____