



Phone: 402.334.4773
Fax: 402.393.2161
Email: newpatient@NebraskaCancer.com

REFERRAL FORM

PATIENT PROFILE *Please attach demographics Today's Date
Patient Name
Patient Phone Number
Patient is aware of referral
Interpreter Needed Language

REFERRING PROVIDER INFORMATION

Referring Provider Phone Fax
Primary Care Provider Phone Fax
Reason for Consult
Nebraska Cancer Specialists Physician or First Available

PATIENT RECORDS

Records available in Epic Cerner Nehii Other Health System
If other, please attach:
Progress notes from the last two years
Diagnostic Reports (CT, US, MRI, X-Ray) from the last two years
Labs from the last five years
Pathology Reports from the last two years

FOR INTERNAL USE ONLY

Appointment information
*Our office will contact the patient to schedule. A confirmation fax will be sent with appointment information.
1st Attempt 2nd Attempt 3rd Attempt
Referring Office Notified Faxed Date

