



OSF HEALTHCARE Cancer Institute

1310 N Missouri Ave

Peoria, IL 61603

Phone: (309)624-5151

Fax completed referral and records to: **309-717-0458**

PATIENT INFORMATION

Patient Name: _____ DOB: _____

Sex: M F Phone: _____ Alternative Phone: _____

Alternative Contact Person & Number: _____

Address: _____

CANCER SUPER REFERRAL

For suspected or confirmed cancer diagnoses

By selecting this option, you confirm understanding that an RN will perform a clinical review and facilitate appropriate cancer services and referrals based on clinical findings.

REFERRAL DETAILS

Suspicion of Cancer Confirmed Cancer Other: _____

REQUESTED SERVICES:

- | | |
|---|--|
| <input type="checkbox"/> Consult / Second Opinion | <input type="checkbox"/> Surgical Oncology |
| <input type="checkbox"/> Treatment | <input type="checkbox"/> Hem/Med Oncology |
| <input type="checkbox"/> Navigation | <input type="checkbox"/> Cancer Support Services |
| <input type="checkbox"/> Clinical Trials | <input type="checkbox"/> Radiation/Proton |
| <input type="checkbox"/> Surveillance / Follow-Up | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Other: _____ | |

CANCER TYPE / SITE:

- | | |
|---|--|
| <input type="checkbox"/> Breast | <input type="checkbox"/> Gyn |
| <input type="checkbox"/> Lung | <input type="checkbox"/> Head & Neck |
| <input type="checkbox"/> GI | <input type="checkbox"/> Brain / Spine |
| <input type="checkbox"/> GU | <input type="checkbox"/> Metastatic |
| <input type="checkbox"/> Melanoma / Skin | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Liver / Pancreas | <input type="checkbox"/> Other: _____ |

Please note: Medical Oncology is currently accepting referrals for GI, Melanoma, and Lung diagnoses only.

Reason for Request/Diagnosis (ICD-10): _____

REFERRING PROVIDER

Provider Name:	Facility:
Office Phone:	Office Fax:
Office Contact Person and Ext:	
Signature: _____ Date: _____	

REQUIRED DOCUMENTATION

- Provider Notes Labs/Imaging Insurance
 List of Medications (include OTC and herbs/supplements) Allergies

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