

251 Cohasset Road, Suite 200 Chico, CA 95926

> Phone: 530-332-4530 Fax: 530-893-6968

NEW PATIENT REFERRAL

■ URGENT (Patient to be seen within 72 hours)* * If urgent, please call Enloe Breast Care at 530-332-4530.	Breast SurgeSoumya PaiKrislyn Mill	er, D.O., MS	
□ ROUTINE		Medical OncologyNicole Whitlatch, M.D.	
To facilitate a timely referral, the patient may be se Enloe Regional Cancer Center.	cheduled with the next ava	ilable medical oncologist at the	
Referring Provider			
Office Contact Name	Phone	Fax	
Date of Referral		Call back after consult? ☐ Yes ☐ No	
Patient Name		DOB	
Patient Preferred Phone #			
☐ Benign Breast Concerns ☐	Breast Cancer	☐ High-Risk Assessment	
Reason for Referral			
Patient's Primary Care Provider			
Although not required, if possible please include	e the following to expedite	e care:	
1. Last progress note from your office			
2. If any of the following tests have been done,	please send us any reports	s you may have.	
☐ Mammogram ☐ Bre	east Ultrasound	☐ Biopsies - current and past	
☐ Breast MRI ☐ PE	T or CT scans	☐ Genetic test	

FAX WITH YOUR OFFICE COVER SHEET AS PAGE ONE

Please FAX completed form and records to

New Patient Coordinator

Fax: 530-893-6968 Phone: 530-332-3936