

## **New Breast Care Patient Referral**

<b>URGENT</b> (Patient to be seen within 72 hours) *  *If urgent, please call the Enloe Breast Care  Front Desk at (530) 332-4530.	<ul><li>Breast Surgery</li><li>Soumya Pai, MD, FACS</li></ul>	
ROUTINE	<ul><li>Medical Oncology</li><li>Nicole Whitlatch, MD</li></ul>	
To facilitate a timely referral, the patient may be schedu Enloe Regional Cancer Center.	led with the I	next available Medical Oncologist at the
Referring Provider		
Office Contact Name	Ph	Fax
Date of Referral		_ Call back after consult? 🖵 Yes 🖵 No
Patient Name		DOB
Patient Preferred Phone #		
□ Benign Breast Concerns □ Breast C	ancer	☐ High-Risk Assessment
Reason for Referral		
Patient's Primary Care Provider		
Although it's not essential for scheduling the appoint if possible, to expedite care:	ment, please	e send us the following,
1. Last progress note from your office		
2. If any of the following tests have been done, pleas	e send us any	reports you may have.
☐ Mammogram ☐ Breast Ultra		Biopsies - current and past
<ul><li>□ Mammogram</li><li>□ Breast Ultra</li><li>□ PET or CT s</li></ul>		<ul><li>□ Biopsies - current and past</li><li>□ Genetic test</li></ul>

## 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

Questions? Call Enloe Breast Care Front Desk: (530) 332-4530