



NEW PATIENT REFERRAL FORM

Call or Fax Your Referral

Phone: (239) 231-7260 • Referral Fax: (239) 567-3667

708 Goodlette-Frank Road, Suite 302, 3rd Floor, Naples, FL 34102

MEDICAL ONCOLOGY HEMATOLOGY

Zanetta Lamar, MD Ferdy Santiago, MD 1st Available

REASON FOR CONSULT/DX CODE (REQUIRED)

Urgency: ASAP (24 hrs.) Routine (48-72 hrs.) 1-2 Weeks

Patient Name

Patient Address

Date of Birth Preferred Phone

Alternate Phone

Referring Doctor

Phone Fax

Primary Care Provider (if different than the referring doctor)

Phone Fax

Primary Insurance Carrier

Name of Primary Policy Holder

Policy #/Group ID

Thank you for entrusting your patients' care to Florida Oncology & Hematology. We appreciate your confidence in FOH to care for your patients. Thank you for taking the time to send all required paperwork at time of referral (recent office notes, lab, radiology reports and ALL pathology) so we may see your patient as soon as possible. Please contact the office if you have any questions regarding necessary paperwork. Thank you.