OKLAHOMA
CANCER SPECIALISTS
AND RESEARCH INSTITUTE

PH: 918-505-3200
www.ocsri.org

NEW PATIENT REFERRAL

Department of Breast Surgery

DR. LAURIE FLYNN • DR. JOHN FRAME

PLEASE PRINT CLEARLY

Referral / Records Form: Fax to 918-592-3809

Referring provider: ____

Office contact person: ____________________ Phone # or ext: ________________

Patient's name: ______________________________ DOB: ________________

Reason for referral: (please be specific; we schedule based on clinical triage information)

____

CHECK ALL THAT APPLY

- ☐ New Dx breast cancer
- ☐ Breast lump / mass
- ☐ Breast pain
- ☐ Nipple discharge
- ☐ Skin lesion
- ☐ High risk: genetic testing / family history
- ☐ Personal history of cancer

Abnormal breast imaging

- ☐ Birads 0 (incomplete), Birads 1 (negative), Birads 2 (benign)
- ☐ Birads 3 (probably benign), Birads 4 (suspicious)
- ☐ Birads 5 (highly suggestive of malignancy)
- ☐ Birads 6 (known biopsy-proven malignancy)
- ☐ Other: (please describe) ________________

____

Has the patient been seen by Dr. Flynn previously? ☐ Yes ☐ No
Is the patient currently on blood thinner? ☐ Yes ☐ No

Patient's primary insurance: ____

ID #: ______________________________ Group #: ________________

Phone #: ________________ Medicaid referral initiated? ☐ Yes ☐ No

Referrals will NOT be processed without the following information. Please mark all that apply or N/A if records do not exists. If test results (lab, imaging, etc.) are pending please document.

_____ Patient demographics, including all phone numbers
_____ Legible copy of insurance card
_____ Pathology confirming above diagnosis
_____ Mammogram / ultrasound results (any available including normal)
_____ Any imaging results: ☐ CT scan, ☐ ultrasound, ☐ PET/CT, ☐ MRI, etc. (check all that apply)
Patient should arrive to appointment with a CD copy of imaging for review if imaging not completed at St. John, Saint Francis or Hillcrest
_____ Progress / procedure notes from referring provider
_____ All previous operative reports available to the patient should be obtained
_____ Other records may be obtained at Dr. ____________ office or ________________ hospital