OKLAHOMA CANCER SPECIALISTS AND RESEARCH INSTITUTE

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

NEW PATIENT REFERRAL

Department of Gynecologic Oncology

DARON STREET, MD • MICHAEL A. GOLD, MD • A. DWAYNE JENKINS, MD • ERIC THOMAS, MD
SARA WHITE, APRN-CNS • STEPHANIE ADAME, APRN-CNP • DIANE REED, RN-BSN MANAGER GYN ONCOLOGY

PLEASE PRINT CLEARLY

Referral Form: Fax to 918-592-3809

Referring provider: _____

Office contact person: _____ Phone # or ext: _____

Refer to Department of Gynecologic Oncology
Effective 7/1/19 patients will be scheduled with the first available surgeon to allow access to care unless previously discussed with a specific provider.

CHECK IF APPLICABLE ☐ Stillwater Office (Dr. Thomas) ☐ Colpo Clinic (Dr. Gold)

Patient's name: _____ DOB: _____

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

Other: _____

CHECK ALL THAT APPLY

☐ Abnormal Pap
☐ Abnormal Vaginal Bleeding
☐ Cervical/Vaginal Dysplasia
☐ Vulvar Cancer
☐ Cervical Cancer
☐ Gest. Trophoplastic Neoplasm
☐ Endometrial Hyperplasia
☐ Endometrial Cancer
☐ Uterine Fibroids or Tumors
☐ Ovarian Cancer (Confirmed/Suspected)
☐ Large Pelvic Mass
☐ Complex Cysts
☐ Elevated CA-125
☐ Genetic Predisposition to GYN Cancer (BRCA+)

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
____ Pap smear 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
____ 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

12697 East 51st Street South • Tulsa, OK 74146