



CANCER & HEMATOLOGY

Centers of Western Michigan, P.C.

New Patient Referrals
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New Patient Referral Form

In an effort to serve our mutual patients better and to make their first appointments quickly and efficiently we are supplying this list of information we need prior to accepting a referral from you.

Patient: _____			Date of Birth: _____		
<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>MM / DD / YYYY</i>		
Diagnosis: _____			Date of Referral: _____		
Address: _____					
<i>Street</i>		<i>City</i>		<i>State/Zip</i>	
Phone Number: _____			Social Security Number: _____		
Insurance Provider: _____		Contract #: _____		Group #: _____	
Ethnicity: _____		Language: _____		Email address: _____	

Please select a preferred provider from the following:

<input type="checkbox"/> Brett Brinker, MD	<input type="checkbox"/> Yuanbin Chen, MD, PhD	<input type="checkbox"/> Manish Sharma, MD
<input type="checkbox"/> Alan Campbell, MD	<input type="checkbox"/> Thomas Gribbin, MD	<input type="checkbox"/> Judy Tsai
<input type="checkbox"/> Mark Campbell, MD	<input type="checkbox"/> Latha Polavaram, MD	<input type="checkbox"/> Amy VanderWoude, MD
<input type="checkbox"/> Sreenivasa Chandana, MD	<input type="checkbox"/> Eric Santos, MD	<input type="checkbox"/> 1st Available

Items listed below are required and we cannot complete the patient appointment without them.

Required Documents

- Office notes from referring physician
- All pathology reports
- All scans in past year
- Mammogram/US/Breast MR
- Operative Note

PCP: _____

Name of Ordering Physician: _____

Contact Person: _____ Phone _____ Fax _____