



# Oncology New Patient Referral Form

## LUNG

Please complete ALL information and include all related reports with this request:

Oncology Clinic

1800 8th St E, Owen Sound  
Phone: (519) 372-3922  
Fax: (519)-378-1448

### PATIENT INFORMATION:

Last Name:		First Name:		Initials:
Address:		Apt.:	City, Town, Village:	
Postal Code:	Primary Phone #:		Secondary Phone #:	
Date of Birth (yyyy-mm-dd):		Age:	Gender:	
Health Card #:				

### REFERRAL INFORMATION:

Billing Code:

Referring Physician:	Phone #:	Fax #:
Family Physician:	Phone #:	Fax #:

DIAGNOSIS:

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### CLINICAL INFORMATION:

#### Operative Procedures:

- Done at Brightshores-Owen Sound     NOT done at Brightshores-Owen Sound \*(please send Operative Notes with referral)

#### Pathology:

- On Brightshores-Owen Sound chart     Pathology done elsewhere \*(please send with referral)

#### Imaging Reports: Done within Brightshores Health System \*If not, please send reports with referral

- |   |  |
|---|--|
| <input type="checkbox"/> CT Scans _____   | <input type="checkbox"/> X-Ray _____     |
| <input type="checkbox"/> Ultrasound _____ | <input type="checkbox"/> MRI _____       |
| <input type="checkbox"/> Bone Scan _____  | <input type="checkbox"/> Mammogram _____ |
| <input type="checkbox"/> Other _____      | <input type="checkbox"/> Muga Scan _____ |

**Lab work:**  Done within Brightshores Health System     NOT done within Brightshores Health System \*(please send with referral)

Consultation Note(s):  Dictated

Clinic Appointment:

Physician Notified:

Patient Notified:

Comments:

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Referrals must be accompanied by:

- Pathology reports documenting cancer diagnosis
- A consultation letter highlighting presenting signs, symptoms and findings
- Completed referral form
- \*If tests/reports are in progress, please note the date of the procedure and location in which it is being done.** Our wish is to process ASAP.

Note: The following is important **Cancer Site Specific Information** required for staging and is important to ensure patients can be started on treatment as quickly as possible.

**For information on sites not listed please call the Oncology Clinic at (519) 372-3922.**

### LUNG CRITERIA:

#### NSCLC

- PATHOLOGY INCLUDING EGFR/ALK/PDL1 TESTING
- PFT'S
- CBC, LYLES, CREAT, LFT'S, CALCIUM, MAG, PT-INR, LDH, BUN
- CT CHEST/ABDO/PELVIS
- BONE SCAN
- MRI BRAIN
- PET SCAN

#### SCLC

- PET SCAN
- MRI BRAIN
- BONE SCAN
- CBC, LYLES, CREAT, LFT'S, CALCIUM, MAG, PT-INR, LDH, BUN

**Patients remain under the care of the referring physician until seen by the Oncologist at our Clinic.**