

New Patient Referrals 2279 45th Street Sacramento, CA 95817

	Urgent	☐ Routine
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Referral Form

Thank you for choosing UC Davis for your patient's medical needs. To initiate the referral process, please **FAX** this form to the UC Davis Comprehensive Cancer Center at **(916) 703-5266.**

- Include pertinent medical records, including test results/ pathology that supports the consultation only.
- Upon review and approval, we will then schedule an appointment with the patient.
- If you require additional assistance, please call
 (916) 734-5959 opt 1 to speak to a Referral Coordinator.
- Please note any missing or incomplete referral will be returned to the referring office to be completed.

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Please Print Clearly								
Date:		From:						
No. of pages:		Title:						
To UC Davis Practice:				Phone: Fax:				
Patient Information Name of patient:		SSN/UC Davis MRN (optional):						
Name of patient.				Control of the contro				
Date of birth:		Sex:			Interpreter needed:		Yes □ No Language:	
Home phone number (with area	a code):			Work/cell phone:				
If child, name of parent:				1				
Address:								
City:				Zip:				
Patient Insurance Insurance: Include patient's insu	rance card (both sides) anc	d HMO auti	horization if requi	red CPT Code 99	245 x1, 99	9215 x3, 88321 x1, and 99	205 x1	
Insurance name/type:	ID number:		Group number:		Authoriz	zation number/Status:	Subscriber:	
Consultation Request Information Diagnosis/ICD 10:	nation							
Name of UCD MD (if known):				Specialty:				
Maine of OCD MD (ii known).		specialty.						
Reason for consultation:								
Referring Physician Informa	tion							
Referring MD:				Specialty:				
Phone:				Fax:				
PCP name:		Phone:						
Internal Use Only				<u> </u>				
Delivered by:		Triaged By: Date:						
Approved Service:		Provider Specified:						

NOTICE OF CONFIDENTIALITY: This is a confidential fax and is intended solely for the person indicated above. If you are not the intended person, you are hereby notified of the confidential nature of this fax and that you are not entitled to read, copy, or otherwise disseminate any of the information contained herein.