UC DAVIS HEALTH | COMPREHENSIVE CANCER CENTER

COMMUNITY STRONGER THAN CANCER
SACRAMENTO CITYWIDE ONCOLOGY PHASE I PROGRAM

Cover Sheet - Phase I Program Referral

To: Appointment Coordinator
Developmental Therapeutics and Phase I Program

Fax: **916-703-5266**
Phone: **916-703-5233**

Sender/Contact Person: _____

Referring Clinician: _____

Fax: _____

Phone: _____

▶ **To Schedule an Appointment,** submit at least the following by fax:

Diagnosis: _____

Insurance: _____

Authorization for:

Initial Consult/CPT99205
Follow-up visit/CPT99215

- ☐ Completed (attached)
- ☐ Pending/in process

Medical records (only recent/related to diagnosis)

- ☐ Clinician Note
- ☐ Molecular profiling report (if applicable)
- ☐ Treatment history
- ☐ Imaging report
- ☐ CBC, Complete Metabolic Profile

▶ **Provide balance of information prior to scheduled appointment** (you will be informed)

- ☐ Fax copy of authorizations (if sent "pending")
- ☐ Subsequently requested medical records

Contact number for **PATIENT** inquiries: (916) 734-5959

UC Davis Comprehensive Cancer Center Staff Use Only	
Referral receipt date: _____ Auth receipt date: _____ Patient appointment Date/Time: _____ ☐ PHI Program Manager informed of appointment	Prior to appointment, check final status: ☐ Authorizations ☐ Balance of records received