

Hematology Referral

Please Fax this form to 519-685-8294

Enter Date:

Patient Demographics	Referring Physician
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Benign <input type="checkbox"/> Urgent ~ Fax and Call physician's office			
General Hematology <input type="checkbox"/> Dr. Barghi <input type="checkbox"/> Dr. Hsia <input type="checkbox"/> Dr. Foster <input type="checkbox"/> Dr. Kovacs <input type="checkbox"/> Dr. Lazo-Langner <input type="checkbox"/> Dr. Saini	Thrombosis <input type="checkbox"/> Dr. Kovacs <input type="checkbox"/> Dr. Lazo-Langner <input type="checkbox"/> Dr. Louzada Please note: Copies of imaging reports are required	Bleeding Disorders <input type="checkbox"/> Dr. Phua	Red Cell Disorders <input type="checkbox"/> Dr. Solh Inherited Red Cell Disorders (sickle cell, thalassemia, spherocytosis, G6PD etc)

Malignant Hematology <input type="checkbox"/> Urgent ~ Fax and Call physician's office <input type="checkbox"/> Dr. Barghi (Lymphoma, Myeloma) <input type="checkbox"/> Dr. Deotare (BMT, Leukemia) <input type="checkbox"/> Dr. Foster (Lymphoma, Myeloma) <input type="checkbox"/> Dr. Ho (Leukemia) <input type="checkbox"/> Dr. Kovacs (General Malignant) <input type="checkbox"/> Dr. Lam (Lymphoma, Myeloma) <input type="checkbox"/> Dr. Lazo-Langner (General Malignant) <input type="checkbox"/> Dr. Louzada (Myeloma) <input type="checkbox"/> Dr. Mangel (Lymphoma) <input type="checkbox"/> Dr. Philip (BMT/Leukemia) <input type="checkbox"/> Dr. Phua (Lymphoma, Myeloma) <input type="checkbox"/> Dr. Saini (Leukemia) <input type="checkbox"/> Dr. To (General Malignant, Lymphoma & Myeloma) <input type="checkbox"/> Dr. Xenocostas (BMT, Leukemia)

Reason for Referral: <p>Please attach relevant lab results, medication list, and biopsy proven diagnosis</p>
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