



Destin Black, M.D. Debra Cline, M.D. Leslie Dean, M.D.
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NEW PATIENT REFERRAL INFORMATION

Name: _____ DOB: _____

Name of Insurance(s): _____ Diagnosis: _____

Referring Physician: _____ NPI: _____

Contact Person: _____ Phone: _____ Fax: _____

Name of previous Oncologist (if any) _____

Has your patient been notified she has been referred to us? Yes or No (circle one)

To avoid a delay in scheduling, please complete this form and submit the following:

- Lab Results: CA-125 Date Performed: _____ Date Scheduled: _____
- Imaging Reports(Ultrasound, CT, Pet CT, Mammogram)
Test Performed: _____ Date Performed: _____ Date Scheduled: _____
Name of Facility: _____
- Operative Report (s)
- Pathology Report (s): (Pap Smear, Colposcopy, Biopsy, Surgery)
- Clinical Data/Office Notes (Gyn Records)
- Demographics (include SSN, Current Address and Contact Information)
- Copy of front and back of Insurance Card (s)

- ❖ If patient has had an Ultrasound, CT, Pet CT or MRI *outside* of Willis-Knighton, the imaging disc is required. Please send with patient or mail to our office.
- ❖ Fax this form with medical records.
- ❖ Our office will contact the patient with appointment information. This form will be returned to you with appointment details for your records.

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Gynecologic Oncology Associates has notified your patient of appointment.

Appointment Date: _____ Time: _____ Dr. Black Dr. Cline Dr. Dean