Gibson Cancer Center
New Patient Referral Form

Please fax to (910)671-5732 upon gathering all the required information and completion of this form

Provider Information

Referral Date: _____ Referring M.D.:_____ Telephone #:_____ Fax #:_____

Person Making Referral:_____ Contact#_____ Primary Care Physician:_____

Reason For Referral:_____

Patient Information

Type of Referral (Please circle): HEMATOLOGY CHEMOTHERAPY RADIATION

Patient's Name: _____ Phone Number:_____ DOB:_____

Race: _____ Diagnosis:_____ SS#:_____

SRMC MR# *(if applicable)*_____ Insurance: _____

Required Documentation to be sent with Referral by Diagnosis

Diagnosis	Sent (Y/N)	Rec'd by GCC (Y/N)	Diagnosis	Sent (Y/N)	Rec'd by GCC (Y/N)
Prostate		***to be completed by GCC Staff**	Brain		***to be completed by GCC Staff**
Path Report	Yes / No		Path Report	Yes / No	
PSA	Yes / No		Op Notes	Yes / No	
Bone Scan & Report	Yes / No		MRI/CT Scan & Report	Yes / No	
TRUS	Yes / No		GYN		
CT Scan & Report	Yes / No		GYN Report	Yes / No	
Breast			Path Report	Yes / No	
Path Report	Yes / No		Op Notes	Yes / No	
Mammograms & Reports	Yes / No		CT Scan & Reports	Yes / No	
Hormone Receptors	Yes / No		Head & Neck		
Lab Studies	Yes / No		ENT Report	Yes / No	
Axillary Dissection Path Report	Yes / No		Path Report	Yes / No	
Mast. Dissection	Yes / No		CT/MRI Scan & Report	Yes / No	
Lung			Op Note	Yes / No	
Path Report	Yes / No		Skin		
Op. Note	Yes / No		Path report	Yes / No	
CT Scan & Report	Yes / No		GI		
Bron. Report	Yes / No		X-ray	Yes / No	
Recent CXR & Report	Yes / No		Scope Reports	Yes / No	
Lab Studies	Yes / No		Path Report	Yes / No	
Rectal/ana;			CT Scan & Report	Yes / No	
Path Report	Yes / No		Op Note	Yes / No	
Op Note	Yes / No		Hematology		
Scope Report	Yes / No		Most Recent CBC's	Yes / No	
CT Scan & Report	Yes / No		Chemistries	Yes / No	
Lab Studies	Yes / No		Path Report	Yes / No	
X-ray Reports	Yes / No		Bone marrow Report	Yes / No	

Gibson Cancer Center • 1200 Pine Run Drive • Lumberton, NC 28358
Phone: 910-671-5730 Fax: 910-671-5732