



Outpatient Consult Request for Oncology Services

1500 East Medical Center Drive
Ann Arbor, MI 48109-5410

Complete consult request form and fax with relevant progress notes, diagnostic results, labs and pathology reports (not performed at Michigan Medicine) and patient insurance card (front and back). Missing information may delay scheduling.

Today's Date:

Requester Name & Phone:

Section 1: Patient Information

Patient Name Last:

First:

Date of Birth:

Gender:

Male

Address:

City:

State:

Zip:

Female

Preferred Phone:

Other Contact Name:

Relationship:

Phone:

Primary Insurance:

Group#

Contract #:

Policy Holder Name *(if not patient)*:

Policy Holder DOB:

Section 2: Physician Information *If referring physician is not Primary Care Physician, provide PCP info*

Referring Physician Name:

Address:

City:

State:

Zip:

Phone:

Primary Care Physician's Name:

Address:

City:

State:

Zip:

Phone:

Section 3: Patient History Information

Reason for Consult Request:

Prior history of cancer Type:

When:

Provide details of any relevant diagnostic testing or procedures, date(s) completed and location performed.

Type:

Specific Procedure:

Date:

Location:

MRI

CT

Labs

Biopsy

Other

Appointment Requested: Urgent (within 1 week) Routine (next available) Second Opinion

Fax completed request form and relevant information to:

734-232-6560 Hematology Oncology (*Lymphoma, Myeloma, Benign Heme and Coagulation Disorders*)

734-998-6454 Adult Leukemia and Adult Bone Marrow Transplant (BMT)

734-615-8212 Breast Medical and Surgical Oncology and Benign Breast

734-232-4978 Gynecologic, Neurologic and Endocrine Oncology

734-232-9357 Urology Medical and Surgical Oncology

734-232-9365 Lung, Head & Neck, Liver, Pancreatic, GI, Colorectal Cancers, Sarcoma, Orthopaedic Surgical Oncology and Cancer of Unknown Primary origin

734-998-1255 Melanoma Medical Oncology

734-763-7672 Clinical Genetics (*Cancer, Medical and Breast-Ovary Cancer Risk Evaluation BOCRE*)