



Covenant Health Oncology Group

Oncology and Hematology Services

New Patient Referral

Phone: 865-331-2060 Fax:865-374-2083

Date: _____

STAT / URGENT REQUEST

- Oncology**
 Gynecological Oncology
 Hematology

Patient Name: _____ DOB: _____ SSN: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Insurance - Primary: _____ Secondary: _____

Referring Physician/Group: _____ PCP _____

Office Contact & Phone: _____ Office Fax: _____

Diagnosis/ Reason for referral: _____

Recent records: CT, PET, MRI, U/S, Mammo Labs Pathology report Progress note

Requesting specific Physician: _____ **OR** Next available Physician

Please choose a location from below:

- | | | |
|---|--|--|
| <input type="checkbox"/> Downtown
1915 White Ave
Knoxville, TN 37916 | <input type="checkbox"/> West
9711 Sherrill Blvd
Knoxville, TN 37932 | <input type="checkbox"/> Sevierville
710 Middle Creek Rd
Sevierville, TN 37862 |
| <input type="checkbox"/> Lenoir City
576 Fort Loudon Medical
Center Drive
2 nd Floor Medical Building
Lenoir City, TN 37772 | <input type="checkbox"/> Oak Ridge
200 New York Ave
Suite 200
Oakridge TN, 37830 | <input type="checkbox"/> Morristown
908 W. Fourth North St
Morristown TN, 37814 |

Please submit the following information with this request via fax at 865-374-2083

- Demographics and insurance card, medication list
- Last office notes and lab results
- Pathology report- If not available scheduled biopsy date _____ or biopsy not scheduled
- ALL CT scans, PET scans, MRI, mammography, ultrasound, and any other relevant testing

Is the patient aware of this referral? YES NO May we contact and notify this patient? YES NO

****Missing information may result in a processing delay****