

Karmanos Cancer Institute at McLaren Bay Region – Medical Oncology

3140 W. Campus Dr.

Bay City, MI 48706

Phone: (989) 667-2370 Fax: (989) 671-9275

Referral Form

PROVIDER PREFERENCE:

First Available ☐

Jonathan Abramson, MD ☐

Joshua Christy, MD ☐

Ujwala Koduru, MD ☐

Please complete this form and fax it to our office with the following information:

Pathology

Diagnostic Imaging

Office Note

Demographics

Lab Results*

(*Please include at least 6 months of lab results)

NOTE: Appointments will be made after our physician reviews all of the information requested. We will notify your office of the appointment. **Please notify your patient of the time and date of appointment.**

Today's Date: _____ Diagnosis: _____

Patient Name: _____ Date of Birth: _____

Address: _____

Phone: _____ SS#: _____

Primary Insurance: _____ Auth if needed: _____

Secondary Insurance: _____ Auth if needed: _____

Ref. Physician: _____ Phone: _____ Fax: _____

Contact Person: _____

Prim. Physician: _____ Phone: _____ Fax: _____

APPOINTMENT DATE & TIME: _____

Faxed to referring office: _____ Sent New Packet: _____