



LANCASTER HEMATOLOGY ONCOLOGY CARE

PERSONALIZED CANCER MEDICINE

New Patient Consultation Request

Please send the following items to us either by fax (717.735.3736) or email (lhoconsults@lancasterhemeonc.com) and we will contact you right away to schedule the appointment for your patient:

Desired appointment time/date: _____

Name of the referring physician and the patient's family doctor: _____

Reason/problem you are consulting our practice: _____

Demographics sheet including the patient's name, address, date of birth, phone number, etc.

A copy of the insurance card(s)

Any pertinent medical records (labs, xrays, scans, path reports, etc.)

A referral for the patient's insurance company, if needed

THANK YOU!