



# 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](mailto: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: \_\_\_\_\_

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Reason/problem you are consulting our practice: \_\_\_\_\_

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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!**