

EXTERNAL INTAKE FORM

UVM Cancer Center | Breast Care Center

PHONE (802) 847-2262 FAX (802) 847-0574

UVM Breast Imaging

PHONE (802) 847-6608 FAX (802) 847-0833

Patient Name: _____

Date of Birth: _____

MRN: _____

Contact # for Patient (circle) Home/ Cell/ Work : _____ Home/ Cell/ Work : _____

Referring Provider/Office: _____ Referring Office Phone #: _____

Primary Care Provider: _____ Patient aware of the referral: Yes No

UVM is within Patient's Insurance Network: Yes No (if no please list prior authorization reference #): _____

Please include insurance information along with the referral.

Fax referral directly to Breast Imaging (802-847-0833)

Review of outside imaging **only** by the Radiology Department

Question for the Radiologist (must be completed): _____

All referrals indicated below fax directly to the Breast Care Center/Surgical Oncology (802-847-0574)

Review of outside imaging by UVM Radiology Department **and** referral to the Breast Care Center for Surgical Consultation

Question for the Radiologist (must be completed): _____

Surgical Consultation **and** Breast Imaging at UVM Radiology (*attach separate UVM Radiology Breast Imaging order form with this referral*)

Surgical Consultation **only**

*(*note: imaging review by radiology might be indicated in order to complete this referral; a separate order will be sent back for physician signature if required)*

Hematology Oncology

**** Please note that separate referral forms are needed for both the High Risk Breast Clinic & Genetic Counseling. (Genetic counseling and testing is performed by the Familial Cancer Program (FCP) at UVM Medical Center.) ****

Reason for Referral (please include as much information as possible):

Include clinic notes, radiology imaging reports (last 5 years available) and pathology reports (if indicated) with this referral.

Films Yes No If yes, Where: _____ When: _____

Pathology Yes No If yes, Where: _____ When: _____

Ordering Physician's Name: _____

Ordering Physician's Signature: _____

If additional imaging is requested by our Radiology Department another order will be sent to you for your approval.

