



HEAD AND NECK SURGICAL ONCOLOGY

8303 Dodge St. Ste 304
Omaha, NE 68114

Phone#: 402-354-5048 or 866-269-2878
Fax#: 402-815-9714

Oleg N. Militsakh, MD, FACS
Robert H. Lindau III, MD
Aru Panwar, MD
Andrew M. Coughlin, MD
Angela M. Osmolak, MD

Andrew M. Holcomb, MD
J. David Guo, MD, DDS
Katerina Goldman, PA-C
Emily Rossman, PA-C
Jill Hunt, APRN, FNP-C

Jaki Kenney, MSN, AGNP-C
Carissa Wollman, PA-C
Shelley Booth, MSN, AGNP-C
Mollie Eckhardt, MA, CCC-SLP
Alex Berry, MS, CC-SLP

REFERRAL REQUEST FORM

NAME OF PATIENT: _____ DATE OF BIRTH: _____

PATIENT PHONE NUMBER/CONTACT INFORMATION: _____

REASON FOR REFERRAL: _____

REFERRING PROVIDER: _____

REFERRING OFFICE PHONE: _____ FAX: _____

PREFERRED LANGUAGE: _____

The referral will not be reviewed or scheduled until all of the following documents have been received:

- Completed Referral Form
Demographic Information and Insurance Cards (actual photo copy of cards)
Current Medication List
Recent Office Notes (pertaining to reason for referral, unnecessary documents may result in delay of scheduling)
Labs (within the last 6 months)
Diagnostic Testing (i.e.: US, CT, or MRI pertaining to reason for referral) Powershare/PACS images to Nebraska Methodist Hospital.
Cerner patient

Additional scheduling comments:

Office Use Only:

Form with checkboxes for Patient Scheduled, Patient Refused, Referring office contacted, and fields for Date/Time and MD.

Form with text 'Attempted to contact:' and fields X1, X2, X3.

Confidentiality Notice: The documents accompanying this transmission may contain confidential or legally privileged information. If you are not the intended recipient, any disclosure or distribution is strictly prohibited. If you are not the intended recipient, please notify the sender immediately and destroy these documents.

Patient Label form with fields for NAME, DOB, FIN, and MRN.

PERMANENT PART OF MEDICAL RECORD