



**Comprehensive
Hematology
Oncology, LLC**

PATIENT REFERRAL FORM

Fax to: 727- 384-4388

Referring Physician: _____ Date: _____

Office Contact: _____ Phone: _____ Fax: _____

Oncology Referral: _____ Hematology Referral: _____

Requested Physician (Please circle):

<input type="checkbox"/> Pratibha Desai, MD	<input type="checkbox"/> Syed Abid, MD
<input type="checkbox"/> Faseeh Khaja, MD	<input type="checkbox"/> Sudhir Hansalia, MD
<input type="checkbox"/> Satish Shah, MD	<input type="checkbox"/> Sheel Patel, MD
<input type="checkbox"/> Doron Feinsilber, MD	<input type="checkbox"/> Neeharika Makai, MD
<input type="checkbox"/> Bilal Farooqi, MD	

Patient Name: _____

DOB: _____ Male/Female? _____ SSN# _____

Phone #: _____

Address: _____

Reason for Referral: _____

Diagnosis Code: _____

Primary Insurance (Policy #, Group #, Policy Holder, and DOB): _____

Secondary Insurance (Policy #, Group #, Policy Holder and DOB): _____

Any testing performed? Yes _____ No _____ ** Please fax to 727- 384-4388 **

If yes, what test(s)? _____

Date: _____ Facility: _____

Appointment Scheduled by: _____ Date: _____ Time: _____

Patient Notified: Yes _____ No _____

IN ORDER TO AVOID APPOINTMENT DELAYS PLEASE FAX ALL RECORDS AND RESULTS WITH THIS FORM TO: 727-384-4388

CLINIC LOCATIONS

5000 Park Street North, Suite 1017 St. Petersburg, FL 33709 Phone: 727-344-6569	603 7 th Street South, Suite 560 St. Petersburg, FL 33701 Phone: 727-820-7714
1258 West Bay Drive, Suite G Largo, FL 33770 Phone: 727-344-6569	4114 Woodlands Parkway, Suite 301 Palm Harbor, FL 34685 Phone: 727-312-4300
3611 Little Road Trinity, FL 34655 Phone: 727-312-4300	3000 US Highway 19 Holiday, FL 34691 Phone: 727-942-7070
925 S. Parsons Ave., Suite 101 Brandon, FL 33511 Phone: 813-278-5062	6555 Cortez Road West Bradenton, FL 34210 Phone: 833-421-0312
World Plaza Building, #15 12645 New Brittany Boulevard Ft. Myers, FL 33907 Phone: 833-421-0312	

INSURANCES ACCEPTED



For complete insurance list call 727-344-6569