

Hematology Referral

Please Fax to 519-685-8294

Date _____

Patient Demographics	Referring Physician

Benign		<input type="checkbox"/> Urgent ~ Fax and Call physician's office	
General Hematology	Thrombosis	Bleeding Disorders	Red Cell Disorders
<input type="checkbox"/> Dr. Barghi <input type="checkbox"/> Dr. Hsia <input type="checkbox"/> Dr. Foster <input type="checkbox"/> Dr. Kovacs <input type="checkbox"/> Dr. Lazo-Langner <input type="checkbox"/> Dr. Saini	<input type="checkbox"/> No Preference <input type="checkbox"/> Dr. Kovacs <input type="checkbox"/> Dr. Lazo-Langner <input type="checkbox"/> Dr. Louzada Copies of imaging reports are required	<input type="checkbox"/> Dr. Phua	<input type="checkbox"/> Dr. Solh Inherited Red Cell Disorders (sickle cell, thalassemia, spherocytosis, G6PD etc)

Malignant Hematology		<input type="checkbox"/> Urgent ~ Fax and Call physician's office	
<input type="checkbox"/> Dr. Barghi (Lymphoma, Myeloma) <input type="checkbox"/> Dr. Deotare (BMT, Leukemia) <input type="checkbox"/> Dr. Foster (Lymphoma, Myeloma) <input type="checkbox"/> Dr. Ho (Leukemia)	<input type="checkbox"/> Dr. Howson-Jan (Leukemia, Lymphoma) <input type="checkbox"/> Dr. Kovacs (General Malignant) <input type="checkbox"/> Dr. Lam (Lymphoma, Myeloma) <input type="checkbox"/> Dr. Lazo-Langner (General Malignant) <input type="checkbox"/> Dr. Louzada (Myeloma)	<input type="checkbox"/> Dr. Mangel (Lymphoma) <input type="checkbox"/> Dr. Philip (BMT, Leukemia) <input type="checkbox"/> Dr. Phua (Lymphoma, Myeloma) <input type="checkbox"/> Dr. Saini (Leukemia)	<input type="checkbox"/> Dr. Xenocostas (BMT, Leukemia)

Reason for Referral:

Please attach relevant lab results, medication list, and biopsy proven diagnosis

November 2022