

1455 E. BERT KOUNS INDUSTRIAL LOOP
Medical Office Bldg 2 • Suite 101
SHREVEPORT, LA 71105
Phone: 318.798-4424 • Fax: 318.798.4450



KIRTAN KOTICHA, M.D.
LAUREN SCHEFFY, PA-C
KELLY WARREN FNP

HIGHLAND CLINIC HEMATOLOGY/ONCOLOGY REFERRAL FORM DR. KIRTAN KOTICHA

CIRCLE PREFERRED LOCATION: SHREVEPORT MINDEN

DATE: _____

REFERRING PHYSICIANS NAME _____

PHONE _____ FAX _____ NURSE _____

PATIENT NAME _____ DOB _____

PATIENT ADDRESS _____

SSN _____ PHONE _____

PRIMARY INS _____ POLICY # _____

SECONDARY INS _____ POLICY # _____

**** PLEASE SEND FRONT/BACK CLEAR COPIES OF INSURANCE CARDS****

*******DIAGNOSIS and ICD10 CODE:** _____

PLEASE SEND LAST CLINIC NOTE, MOST RECENT LABS, ANY PATH/XRAYS DX RELATED

*** PLEASE FAX ALL OV ONLY APPT. REQUESTS TO PATIENTS PREFERRED LOCATION ***

***** PLEASE FAX ALL INFUSION ONLY REQUESTS TO 798-4450 ATTN: JAMI *****

___ RITUXAN ___ REMICADE ___ INFLECTRA ___ SIMPONI ARIA ___ IVIG

___ RECLAST ___ IRON ___ PROLIA ___ OTHER: _____

IS THIS AN URGENT REQUEST ___ YES ___ NO

MINDEN CANCER CENTER
382 NORTH MAIN
SIBLEY, LOUISIANA 71073
PHONE: 318.798-4616 • FAX: 318.798-4619

OFFICE USE ONLY

BUILT _____
SCANNED _____