

HIGHLAND CLINIC
ONCOLOGY ASSOCIATES

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

*"Quality
Near You"*



Cancer Care

KIRTAN KOTICHA, M.D.
RAINE MARTIN, FNP-C

HIGHLAND CLINIC HEMATOLOGY/ONCOLOGY REFERRAL FORM

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 # _____

PHARMACY BENEFITS: ID _____ RXBIN _____ RXGROUP _____ RXPCN _____

**** PLEASE SEND FRONT/BACK CLEAR COPIES OF MEDCAL & PHAMACY 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 ___ SIMPONI ARIA ___ IVIG ___ BIOSIMILAR OK

___ RECLAST ___ IRON ___ PROLIA ___ EVENITY OTHER: _____

IS THIS AN URGENT REQUEST ___ YES ___ NO

MINDEN CANCER CENTER
1114 HOMER RD, MINDEN, LA 71055
PHONE: 318.798-4616 • FAX: 318.798-4619

OFFICE USE ONLY

BUILT _____
SCANNED _____