

# 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  
VICTORIA CHAPMAN, NP-C  
ASHLEY ROBERSON, 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 \_\_\_\_\_

\*\*\*\*\*DIAGNOSIS and ICD10 CODE: \_\_\_\_\_

**\*\*PLEASE SEND FRONT/BACK CLEAR COPIES OF MEDCAL & PHAMACY CARDS\*\***

**\*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: MEAGAN \*\*\***

\_\_\_ RITUXAN    \_\_\_ REMICADE    \_\_\_ SIMPONIARIA    \_\_\_ IVIG    \_\_\_ BIOSIMILAR OK

\_\_\_ RECLAST    \_\_\_ IRON    \_\_\_ PROLIA    \_\_\_ EVENITY    OTHER: \_\_\_\_\_

\_\_\_ PROCRT    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 \_\_\_\_\_