

Southwest Women's Oncology

5700 Harper Drive, Suite 410

Albuquerque, NM 87112

**southwest**[®]
women's oncology**Diagnosis** _____**Date of Referral** _____**Referring Physician:** _____ NPI: _____

Phone: _____ Fax: _____ Email: _____

Primary Physician: _____ NPI: _____

Phone: _____ Fax: _____ Email: _____

Other Physician: _____ NPI: _____

Phone: _____ Fax: _____ Email: _____

Patient Name: _____

DOB: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Mobile: _____ Work: _____ Other: _____

Patient Email: _____

Insurance: _____

Group #: _____ ID #: _____

Pharmacy: _____

Notes:

- | | | | | |
|---------------------------------|-------------|------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> CT | Date: _____ | <input type="checkbox"/> Pathology | <input type="checkbox"/> Labs General | <input type="checkbox"/> Ref MD Note |
| <input type="checkbox"/> MRI | Date: _____ | <input type="checkbox"/> PAP | <input type="checkbox"/> Genetic Test | <input type="checkbox"/> Other MD Note |
| <input type="checkbox"/> PET | Date: _____ | <input type="checkbox"/> Biopsy | | <input type="checkbox"/> Operative Note |
| <input type="checkbox"/> TVUS | Date: _____ | | | |
| <input type="checkbox"/> CA-125 | Date: _____ | | | |

How to Refer to Southwest Women's Oncology:**Fax:** 505-373-2681 **Direct Referral Line:** 505-373-2681