Roswell Park Hematology Oncology of Niagara
Mohamed S. Ahmed, MD, PhD
Tel: 716-298-4869 • Fax: 888-847-3060

2008-2018

Patient Information	**Consulting Provider Information**
Patient Name:____________________	**Provider Name:** ____________________
Patient Address:____________________	**Provider Address:** ____________________
____________________	____________________
____________________	____________________
____________________	____________________
____________________	____________________
Date of Birth:____________________	
Home Phone Number:____________________	**Phone Number:**____________________
Work Phone Number:____________________	**Fax Number:** ____________________
Cell Phone Number:____________________	**Needs Referral:** ☐Yes ☐No
Insurance Carrier:____________________	
Insurance ID #: ____________________	**Referral #**____________________

PLEASE ANSWER THESE QUESTIONS:

1. **What is the patient's hematology-oncology problem/chief complaint?**

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2. **Pertinent past medical history and lab result?**

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**** Please fax this form to (888)-847-3060 along with pertinent medical records: Clinic/hospital notes test, imaging results, and pertinent consultations. Please include any necessary insurance referral authorizations. Thank you**

Consulting Provider Signature:____________________ **Date/Time:**____________________