



LYONS
CARE ASSOCIATES
"for the hope that lives in you"

NEW PATIENT REFERRAL FORM

Please refer to the following referral criteria in order to assist in the patient's care in a timely manner.

Patient Name: _____ DOB: _____

Email : _____ Best Contact Number : _____

ICD 10 & Descriptions : _____

Referring Provider: _____ NPI Number: _____

The following documents are **REQUIRED** with your Referral :

- Outgoing Referral, Insurance Authorization & Demographics
- H&P, Most Recent Clinical Notes
- Colonoscopy/EGD:**
 - Last EGD/Colonoscopy Operative Report
 - Surgical Pathology Results

Please note if patient has never had a colonoscopy/EGD in the past or it has been over 10 years.

Genetic Testing:

Breast Case :

- Last Mammogram Report
- Ultrasound Report
- Biopsy Report and Pathology Results if available
- MRI Report if available

Hernia, GI , Gallbladder, Gtube , Hemorrhoids, ETC :

- Please send all pertaining reports
 - Radiology - Diagnostic Imaging
 - Pathology , Biopsy
 - Operative Reports

Melanoma Case:

- Please send all pertaining reports
 - Radiology - Diagnostic Imaging
 - Pathology , Biopsy
 - Operative Report
 - Photo and size of melanoma

For any other referrals please send diagnostic imaging, pathology and operative report, lab test , etc .

Please inform the patient that our staff will be contacting them to schedule an appointment.