

# The Cancer Institute of Dallas



DALLAS ONCOLOGY CONSULTANTS  
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## REFERRAL REQUEST FORM

Circle Physician:

Maria Juarez, MD  
Maryada S Reddy, MD  
C.K. Wang, MD  
Neelima U Maddukuri, MD  
Gilberto Jimenez-Justiniano, MD

Date: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Specialty: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Insurance: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

### Please forward the following:

#### Oncology Pt

- 🍏 Records (up to last 3) progress notes
- 🍏 Labs (Last 3) CBC/CMP
- 🍏 OP Report
- 🍏 Scans
- 🍏 Path Report

#### Hematology Pt

- 🍏 Labs (1 year)
- 🍏 Progress Note (Up to last 3)

## Please email or fax to Brandi Arredondo:

Email: [arredondob@dallasoncologyconsultants.com](mailto:arredondob@dallasoncologyconsultants.com)

Fax: 972.283.1424