

GYNECOLOGIC ONCOLOGY REFERRAL NOTICE
 Phone (902) 473-4029 or (902) 473-2366 Fax (902) 473-7765

Referred to: Division of Gynecologic Oncology
 Dr. Robert N. Grimshaw
 Dr. James R. Bentley
 Dr. Katharina E. Kieser
 Dr. Stephanie A. Scott

| | |
|------------------------|-------------------------|
| Name: | Date of Referral: |
| Address: | Phone # Home: Work: |
| | Contact Name: Phone: |
| Health Card Number: | DOB: (yy/mm/dd) |
| Ref Dr. Name & Address | Family Dr. |
| Ref Dr. Ph: Fax: | Family Dr. Ph: Fax: |

PLEASE NOTE: YOUR REFERRAL WILL BE TRIAGED ONCE WE HAVE RECEIVED THE FOLLOWING:

1. PLEASE FORWARD ALL RELEVANT PATHOLOGY SLIDES/BLOCKS TO: GYNECOLOGICAL CONSULT SERVICE, DEPT. ANATOMICAL PATHOLOGY, MACKENZIE BLDG., VG SITE
2. PLEASE SEND O.R. REPORT AND PATH REPORT FROM YOUR BIOPSY/SURGICAL SPECIMEN FAXED WITH FORM TO OUR OFFICE AT (902) 473-7765

For Office Use:

| | | | |
|---|--|--|--|
| Pt Notified of Appt <input type="checkbox"/> | Request CA 125&CEA <input type="checkbox"/> | Slide Review Only <input type="checkbox"/> | |
| Slides Arrived <input type="checkbox"/> | Request CT Scan <input type="checkbox"/> | X-Ray Review Only <input type="checkbox"/> | |
| Faxed Referral Office <input type="checkbox"/> | W/C Appt <input type="checkbox"/> | NSCC Appt Only <input type="checkbox"/> | |
| Request CA 125 <input type="checkbox"/> | | Slide Review & NSCC Appt <input type="checkbox"/> | |
| | | Slide Review, Then NSCC Appt <input type="checkbox"/> | |

Fax completed form to: Division of Gynecologic Oncology (902) 473-7765