

Head and Neck Surgical Oncology Referral Form

Phone 352-265-8989 / Fax 352-627-4411

PLEASE PRINT CLEARLY AND FILL OUT FORM COMPLETELY

Please Indicate if an FNA Biopsy is Needed: ☐ Yes ☐ No

Pathology Report
Pathology Slides

☐ Hyperparathyroidism ☐ Parotid Mass ☐ Osteoradionecrosis (ORN)

_____ Date of Birth_____ Patient's Name Parent/Guardian Name______ Phone Number______ _____ (must include appropriate referral/authorization to schedule) Authorization # # of visits Referring Physician _____ Phone #____ Referring Physician Specialty: ☐ ENT ☐ RadOnc ☐ MedOnc ☐ OMFS/Dentistry ☐ Primary Care ☐ Other: **Referring Physician Location:** Preferred Surgeon (if available): ☐ Head and Neck Cancer Site of Cancer: ☐ Oral/Mouth ☐ Tonsil/Base of Tongue ☐ Larynx/Pharynx ☐ Skin ☐ Parotid Pathology Report Included: ☐ Yes ☐ No Imaging Reports Included: ☐ Yes ☐ No Because patients are scheduled quickly, to expedite their care, we ask that these items are sent to us the next business day for review (FedEx or UPS recommended) Pathology Slides 2. Imaging on Disk (images and report) ☐ Thyroid Lesion ☐ Thyroid Cancer ☐ Benign Thyroid

Please send: (Because patients are scheduled quickly, we ask that these items are sent the next business day for review)

3. Imaging Reports 4. Imaging Disk (images)

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 Pathology Report
Pathology Slides 3. Imaging Reports 4. Imaging Disk (images)

☐ Other (please clearly specify the reason for the referral and send supporting documentation summarizing any treatment)

Thank you for choosing our team at UF Health Ear, Nose and Throat Specialties for your patient's health care needs!

☐ Other Benign Lesion