



Telemedicine Hematology
Phone: 786-567-8310 | **Fax: 877-370-4375**
www.hemeonccall.com

Referral Form

Patient Name: _____ DOB: _____ Phone: _____

Referring Provider Name: _____

Phone: _____

Fax: _____ (number where hematology consult notes should be faxed)

Contact Person: _____ (person sending this referral)

Reason for Consult: _____

Check all that apply:

- Iron Deficiency Anemia due to Pregnancy
- Iron Deficiency Anemia due to Dysfunctional Uterine Bleeding
- Iron Deficiency Anemia due to Malabsorption
- Iron Deficiency Anemia, unspecified
- Other blood related issues

Comments/Special Instructions: _____

Require Documents for Referral

- Clinical Notes
- Lab and Testing Results
- Demographic information/Insurance Information

Heme Onc Call takes care of it all.
We partner with infusion centers near the patient's home
for fast and convenient access to iron infusions.