

MEDICAL ONCOLOGY/HEMATOLOGY

Dr. M. Jameel Kyasa
Dr. Rakesh Gaur
Dr. Abdul Qasem
Dr. Simran Elder

Fax: 913-632-9159
Phone: 913-632-9100

RADIATION ONCOLOGY

Dr. Michael Hughes
Dr. Bhaswanth Dhanireddy

Fax: 913-632-9159
Phone: 913-632-9100

GYNECOLOGIC ONCOLOGY

Dr. Lowell Byers
Dr. Sara Lange
Dr. Brenda Shoup

Fax: 913-632-9149
Phone: 913-632-9130

ONCOLOGY REHAB

Molly Reynolds, PT, MSPT

Fax: 913-632-9149
Phone: 913-632-9130

HIGH RISK BREAST CLINIC

Bonne Anson, ARNP
Lesley Hofer, ARNP

Fax: 913-632-9159
Phone: 913-632-9100

GENETICS

Genetics at AdventHealth

Fax: 913-632-9159
Phone: 913-632-9162

Referring Physician: _____

Patient First Name: _____ MI: _____

Patient Last Name: _____

Patient Date of Birth: _____ Patient informed of Referral: Yes No

Patient Phone Number: _____

Records to include:

Gynecologic Oncology:

- Last office note
- Procedure/Op notes
- All pathology reports
- Radiology reports
- Labs (including CA-125)
- Pap smear

All Other Referrals:

- Last office note
- Procedure/Op notes
- All pathology reports
- Radiology reports
- Labs (including last 3 CBC's)
- Demographic information



**Cancer Center Referral
Form**

AdventHealth Cancer Center
Shawnee Mission
9301 West 74th Street

Comments: