



1700000

PLACE LABEL HERE.

IF LABEL NOT AVAILABLE, WRITE IN PT NAME &amp; MR#

**DIVISION OF GYNECOLOGIC ONCOLOGY - TELEPHONE CONSULT**

PHYSICIAN: \_\_\_\_\_ CITY: \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

PATIENT: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ DOB/AGE: \_\_\_\_\_ INSURANCE: \_\_\_\_\_

PREVIOUS UVA PATIENT: ☐ NO ☐ YES IF YES, HISTORY# \_\_\_\_\_**PROBLEM:****DISPOSITION:****SECRETARIAL INSTRUCTIONS:**☐ OUTPATIENT APPOINTMENT : \_\_\_\_\_☐ ADMIT DIRECTLY: D M J C \_\_\_\_\_☐ SCHEDULE OR: \_\_\_\_\_☐ NOTIFY RESIDENT☐ INFORM PATIENT OF APPOINTMENT / ADMISSION INSTRUCTIONS, DIRECTIONS, ETC.☐ NO FURTHER ACTION-FILE ONLY**PATHOLOGY**☐ SLIDES REQUESTED☐ CALL FOR SLIDES PATHOLOGYLAB: \_\_\_\_\_