



GLENN BIGSBY IV, DO | JEFFREY JAMES, DO
7780 S BROADWAY, SUITE 300 | LITTLETON, CO
303-955-7574 PHONE | 720-242-9307 FAX
WWW.CCGYNONC.COM

GYNECOLOGIC ONCOLOGY

Referral Form

Patient Name _____ DOB _____

Phone _____ Alt Phone _____

Insurance _____ ID# _____

Referring Doctor _____

Phone _____ Fax _____

Diagnosis for Referral _____ ICD-10 _____

- *Please Select an option:** Needs to be seen ASAP at main office
 To be seen at PSL office on Fridays

** Main Office Location: 7780 S Broadway, Suite 300, Littleton, CO 80122**

** PSL Office Location: 1601 E 19th Ave Ste 5500, Denver, CO 80218**

PLEASE FAX THE FOLLOWING WITH THIS REFERRAL FORM IF AVAILABLE

- Pathology & Surgical Reports
- Diagnostic Imaging Reports
- Relevant Clinical Notes
- Copy of Insurance Card

Please fax this form to **720-242-9307** - # of pages _____

Thank you for referring your patient to The Colorado Center for Gynecologic Oncology.

Disclaimer: This facsimile transmission and the documents accompanying it, may contain confidential information belonging to the sender. The information is intended only for delivery to the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of the transmission is strictly prohibited. If you receive this transmission in error, please IMMEDIATELY notify the sender by telephone to arrange for return of the documents.