Community Cancer Care
Radiation Oncology

100 Haynes Street
Manchester, CT 06040
Phone: 860-533-4000
Fax: 860-533-4011

142 Hazard Avenue
Enfield, CT 06082
Phone: 860-272-3000
Fax: 860-749-0427

RADIATION ONCOLOGY CONSULTATION REQUISITION

Patient Information

Full Name: _____ Phone Number: _____

Date of Birth: _____ Email: _____

Gender:
☐ Male ☐ Female ☐ Other

Emergency Contact Name & Phone: _____

Consultation Requisition Details

Date of Consultation Request: _____

Treatment Location Preference: ☐ Manchester, CT ☐ Enfield, CT

Reason for Consultation: _____

Clinical Information (Please fax with this requisition)

Current and Past Medical History
Treatment History
Current Symptoms
Imaging/Diagnostic Reports
Pathology Reports
Consent and Legal Information (if applicable)

Diagnosis & Treatment Plan

Preliminary Diagnosis: _____

Additional Recommendations:

_____

Referring Provider's Name: _____

Referring Provider's Phone Number: _____