

Patient Information

Submit

Reset Form

Patient Name _____ Date _____

DOB _____ Phone # _____

Address _____

City _____ State _____ Zip _____

Diagnosis/Reason for Consult _____

** Please include a copy of the patient's demographics, insurance information and office notes from last visit:*

**ICD 10 for Cancer Diagnosis and Z Code for Beginning Treatment:*

Physician Consult Request **If unassigned, please select preferred location below:*

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Santhi Adigopula, MD
(Dawsonville, Canton) | <input type="checkbox"/> Shengchuan "Rick" Dai, MD
(Canton) | <input type="checkbox"/> Lalitha Medepalli, MD
(Atlanta-Sandy Springs, Midtown) | <input type="checkbox"/> Faresa Weragoda, MD
(Atlanta-Sandy Springs, Roswell) |
| <input type="checkbox"/> Mary Bergh, MD
(Atlanta - Sandy Springs) | <input type="checkbox"/> Aashish K. Desai, MD
(Atlanta, Roswell) | <input type="checkbox"/> Kashyap "Tiku" Patel, MD
(Cumming, Dahlonega, Dawsonville) | <input type="checkbox"/> Heather Westmoreland, MD
(Braselton, Cumming, Dahlonega) |
| <input type="checkbox"/> Kimberly Champney, MD
(Atlanta - Sandy Springs) | <input type="checkbox"/> Lin Gao, MD
(Duluth, Johns Creek, Lawrenceville, Snellville) | <input type="checkbox"/> Hussein Rayatzadeh, MD
(Canton, Towne Lake) | <input type="checkbox"/> Unassigned |
| <input type="checkbox"/> Jack Chen, MD
(Alpharetta, Atlanta-Sandy Springs) | <input type="checkbox"/> Mark Leimbach, MD
(Gainesville, Lawrenceville) | <input type="checkbox"/> Steven Wang, MD
(Cumming, Dawsonville, Duluth) | |

Preferred Location

- | | | | |
|--|--------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Alpharetta | <input type="checkbox"/> Canton | <input type="checkbox"/> Duluth | <input type="checkbox"/> Roswell |
| <input type="checkbox"/> Atlanta-Midtown | <input type="checkbox"/> Cumming | <input type="checkbox"/> Gainesville | <input type="checkbox"/> Snellville |
| <input type="checkbox"/> Atlanta-Sandy Springs | <input type="checkbox"/> Dahlonega | <input type="checkbox"/> Johns Creek | |
| <input type="checkbox"/> Braselton | <input type="checkbox"/> Dawsonville | <input type="checkbox"/> Lawrenceville | |

Managing Physician

Managing Physician _____

Coordinating Staff Member _____ Member Phone # _____

Member Email _____ Practice EMR _____

Appointment Priority

- ☐ Urgent (1-2 Business Days) Within
- ☐ 5-7 Business Days
- ☐ 1st Available to Establish Care

Patient Appointment

Date _____

Time _____

Provider _____

Location _____

Additional Notes