

CANCER INSTITUTE

Wayne State University

4100 Beecher Road | Flint, Michigan 48532 (810) 342-3801

SURGICAL REFERRAL Tolutope Oyasiji, M.D.

PATIENT DIAGNOSIS: _____ **PATIENT DEMOGRAPHICS** Patient Name: _____ Address: City/State/Zip:_____ Date of Birth:_____ Phone Number: **TESTS COMPLETED** ☐ Does not have any test results ■ Blood Tests **Karmanos Cancer Institute** 4100 Beecher Road ■ Radiology Flint, Michigan 48532 Pathology REFERRING PHYSICIAN/PRACTITIONER: PHYSICIAN REFERRED TO: KARMANOS CANCER INSTITUTE FLINT APPOINTMENTS Appointment Date: _____ Appointment Time: Please fax to: As soon as we receive the information we will get back to you with appointment date and time.