

Hematology/Blood and Marrow Transplant Program

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Lawrence Kaplan, MD
Benjamin Kim, MD
Andy Leavitt, MD
Thomas Martin, MD
Rebecca Olin, MD
James Rubenstein
Catherine Smith, MD
Jeffrey Venstrom, MD
Jeffrey Wolf, MD

Nurse Practitioners

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Administration

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Lynne Deberry, RN
Deborah R. Rodriguez, RN

___/___/201__

Thank you for your referral. This letter confirms that the UCSF Hematology/Blood and Marrow Transplant Clinic has received your request for a new patient consultation for your patient _____.

We require the following additional information/records to complete your new patient referral request. Please send them as soon as possible to expedite the processing of your referral request.

- Face Sheet / Patient Demographic Information**
- Dictated Physician Summary specific to current disease, course of treatment and response to therapy**
- Treatment Flow Sheets including pertinent labs**
- Pathology reports**
- Diagnostic imaging reports**
- Copy of insurance card (front and back)**

For all HMO Patients: Insurance Authorization for Consult/Evaluation for the following CPT codes:

99245: Consult

85025, 85060: CBC/Diff & smear

80502, 88321, 88342: Review of pathology material

86900, 86903, 86904: For bone marrow transplant evaluation patients only – type & cross

Once we receive the above information, we will triage and schedule your patient accordingly. We will contact your patient within 5 to 7 business days to provide the date and time of the appointment.

Prior to the appointment, please send us:

- Diagnostic tissue slides confirming the current diagnosis and any radiology disks/films** (*These are not required for the processing of the initial referral*)

Please send all records to:

Fax Number: 415-353-7765

Mailing address:

UCSF Hematology Blood and Marrow Transplant

Attention: New Patient Referral

400 Parnassus Avenue, A502, Box 0324

San Francisco, CA 94143-0324

New Patient Coordinator Phone Number: 415-353-2051