



MUSC Health CareLink Members: [Launch CareLink](#) to refer your patients.  
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## GYN Oncology

Request Appointment Scheduling: 843-792-8353  
 Fax Referrals: 843-792-9010

**Hollings Cancer Center**  
 86 Jonathan Lucas St.  
 Charleston, SC 29425

**MUSC Health at Tidelands**  
 4040 Highway 17 Bypass  
 Suite 306  
 Murrells Inlet, SC 29576

**East Cooper Women's Center**  
 1280 Hospital Dr.  
 Suite 200  
 Mt. Pleasant, SC 29464

Referring Practitioner: \_\_\_\_\_ Office #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Phone: \_\_\_\_\_ DOB: \_\_ / \_\_ / \_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Interpreter Needed?  Yes \_\_\_\_\_

Insurance (or fax card): \_\_\_\_\_ Policy #: \_\_\_\_\_

Subscriber's name: \_\_\_\_\_ Group #: \_\_\_\_\_

### REQUIRED

Reason for Referral:	
<p><b>To expedite scheduling and ensure a meaningful new patient appointment, <u>please fax all available</u>:</b></p> <ul style="list-style-type: none"> <li>Demographic sheet w/ insurance info</li> <li>Pathology Reports</li> <li>CT/MRI/Ultrasound Reports &amp; Images</li> <li>Pap Smear (if &gt;40 years of age)</li> <li>Colonoscopy Reports (if &gt;50 years of age)</li> <li>Mammogram Results (Uterine Cancer only)</li> </ul> <p><b>Please do not send tests older than 10 years.</b></p>	<p><b>Please overnight the below to the address provided using MUSC's FedEx account #146159664</b></p> <ul style="list-style-type: none"> <li>Radiology CD or Film (could send electronically via Life Image/PACS)</li> <li>Pathology/Cytology Slides</li> </ul> <p style="text-align: center;"><b>Attn: Norma Evans          MUSC Pathology Dept          165 Ashley Avenue, Ste 303P          Charleston, SC 29425</b></p>

If there are any labs or tests that need to be performed, please schedule and inform us of the appointment so that we can coordinate an appointment with the oncologist.

Signature of Referring MD or Representative: \_\_\_\_\_