



**East Jefferson General Hospital  
Outpatient Oncology Nutrition  
Counseling Referral Order**

**Once completed fax to: Outpatient Scheduling  
FAX: (504) 456-8048  
Phone: (504) 454-4164 Option 4**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone No.: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Orders:**

- Nutrition Consult/Referral
- Other \_\_\_\_\_

**Diagnosis (Specify):**

- Head and neck cancer \_\_\_\_\_
- Lung cancer \_\_\_\_\_
- Colorectal cancer \_\_\_\_\_
- Gastrointestinal cancer \_\_\_\_\_
- Breast cancer \_\_\_\_\_
- Gynecologic cancer \_\_\_\_\_
- Hematologic cancer \_\_\_\_\_
- Prostate cancer \_\_\_\_\_
- Other \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Please print)

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**IF YOU HAVE ANY QUESTIONS PLEASE CALL OUTPATIENT NUTRITION: (504) 503-4077**

**Scheduled Appointment Date & Time:** \_\_\_\_\_

**Location: 3<sup>rd</sup> Floor Yenni Regional Cancer Center**

**EJGH Scheduling Dept: Please call patient to schedule appointment**

**Scheduler Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

