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**Breast Surgical Oncology**

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**Gynecologic Oncology**

Joseph Buscema, MD  
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**Medical Oncology/Hematology**

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Raymond Taetle, MD

Thank you for your referral. **To avoid delays in patient care**, please expedite the following required patient information to the fax number above (do NOT send electronically). This allows us to schedule patients with our providers in the timeliest manner.

- Last 2 progress notes.
- Recent consults to other specialties. (Last 2)
- If Oncology Referral, last 2 lab reports including any **tumor markers** (CEA, CA-125, etc.)  
**If Hematology Referral, last 4 dates of labs.**
- Pathology reports, to include any additional tests  
For **Breast include-HER 2; Estrogen Receptors, Progesterone Receptors** reports, etc.
- Radiology reports; MRIs, CT scans, Mammograms, Nuclear Medicine.  
**EMBOLISM, DVT need ultrasound and Doppler report.**
- Operative reports from prior surgeries and path reports, if any.
- Demographics, insurance cards, and referral, if applicable.

*Questions? Please contact our New Patient Schedulers at 520-886-0206.*