

UCSF RADIATION ONCOLOGY – PROSTATE

NEW PATIENT MEDICAL RECORDS CHECKLIST

1600 Divisadero Street, Suite H-1031, San Francisco, CA 94143 (*Drs. Alex Gottschalk & Mack Roach*)
1845 4th Street, First floor, San Francisco, CA 94143 (*Drs. Albert Chang & I-Chow Joe Hsu*)

REFERRING MD- PLEASE INCLUDE THE FOLLOWING MEDICAL RECORDS FOR YOUR PATIENT PRIOR TO SCHEDULING AN APPOINTMENT:

Patient Name:

Patient DOB:

Requesting MD:

History and Physical from initial consultation of the diagnosis. Any other **History and Physical** regarding metastatic disease

ALL Diagnostic Imaging Reports and CDs related to the site of the disease being treated (CT, PET-CT, MRI, Ultrasound, Bone scan, etc.)

Operative Reports for all surgeries related to the site of disease being treated

Original Pathology/Cytology report (MANDATORY) and ANY related biopsies, including any recurrent and/or metastatic disease

Pathology slides from biopsy/biopsies pertaining to the diagnosis (if available)

Chemotherapy Records if patient received chemo (*name of drug, dose, dates administered*)

Radiation Records name of radiation oncologist, dose, number of treatment fields, dates of treatment, color copy of the treatment plan including ISODOSE LINES; preferably all contents provided on a DICOM-RT CD or an emailed PDF (*ask physics or dosimetry*)

Medication list

Office visit notes *pertaining to the diagnosis*

- Radiation & Medical Oncology
- Urology
- Cardiology (if patient has a pacemaker, please include most recent note and CIED card)

Demographic information

Copy of insurance card front *and* back

Authorization for the consult from the insurance (if needed)

Referral letter from the doctor (if there is a referring MD)

Lab Results (PSA, testosterone, etc.)

Attention: **Krshna Munoz**
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