

UCSF RADIATION ONCOLOGY

PROTON OCULAR NEW PATIENT MEDICAL RECORDS CHECKLIST

1600 Divisadero Street, Suite H-1031, San Francisco, CA 94143-1708

REFERRING MD, WE REQUIRE THE FOLLOWING ITEMS 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 CD (ALL CT, PET-CT, MRI, Bone scans, Endoscopy, Mammograms) related to the site of the disease being treated

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

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

Large color fundus photo

US B/A-scan for tumor dimension

Ultrasound axial length

OR fundus drawing with tumor & rings

Office visit notes pertaining to the diagnosis

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

Medication list

Demographic information

Copy of insurance card front and back

Authorization for the following CPT codes (*auth date range is 90 days from date of consult*):

99204 x 1, 77334 x 4, 77333 x 1, 77290 x 2, 77263 x 1, 77321 x 1, 77295 x 1, 77370 x 1, 77427 x 1, 77336 x 1, 77470 x 1, 77520 x 4, 77387 x 4, 77331 x 4

Insurance ref # _____ **Phone no. called** (____) _____ - _____ **Rep. Name** _____

Referral letter from the doctor if there is a referring MD

Labs (latest CBC. For prostate cancer, all PSAs from time of diagnosis to now. For GI cancers, include all liver function tests).

Attention: **Krshna Munoz**

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