

UCSF RADIATION ONCOLOGY

NEW PATIENT MEDICAL RECORDS CHECKLIST – PROTON OCULAR

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

WE REQUIRE THE FOLLOWING ITEMS FOR YOUR PATIENT *PRIOR* TO SCHEDULING AN APPOINTMENT:

Patient Name:

Patient DOB:

Requesting MD:

The following items are MANDATORY, treatment *cannot* proceed without them:

Patient demographic information

Copy of insurance card front and back

Referral from the referring physician (*unless self-referral*)

History and Physical from initial consultation of the diagnosis.

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

Large color fundus photo (fundus or iris/conjunctival anterior photo depending on disease location)

Tumor dimensions from US B/A-scan

Eye axial length from US scan

OR fundus drawing with tumor & rings including distance to optic disc and fovea

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

99204 x 1, 77333 x 1, 77263 x 1, 77321 x 1, 77295 x 1, 77370 x 1, 77427 x 1, 77336 x 1, 77470 x 1, 77290 x 2, 77520 x 4, 77331 x 4, 77334 x 4, 77387 x 4 (*replace 77387 w/G6002 for managed Medicare plans*)

Insurance ref. # _____ **Ins. Phone #:** _____ **Rep. Name** _____

Please provide the following items if available:

Office visit notes *pertaining to the diagnosis*

- Previous radiation and medical oncology
- Ophthalmology
- Cardiology (if patient has a pacemaker, please include most recent note and CIED card)

History and Physical regarding any other metastatic disease

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

MRI report(s) and CD(s) in DICOM format related to the site of the disease being treated

Medication list and most recent lab work

Attention: **Krshna Munoz**

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