

UCSF RADIATION ONCOLOGY – HEAD & NECK

NEW PATIENT MEDICAL RECORDS CHECKLIST 1600 Divisadero Street, Suite H-1031, San Francisco, CA 94115

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 CD (ALL CT, PET-CT, MRI, Bone scans, etc.) 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 (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 (*name of drug, dose, dates administered*) if patient received chemo

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 PDF (*ask physics or dosimetry*)

Office visit notes pertaining to the diagnosis

- Radiation Oncology
- Medical Oncology
- 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 consult (if needed) from the insurance.

Referral letter from the doctor if there is a referring MD

Lab Results most recent

Attention: **Krshna Munoz**
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