

## 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** including height (ultrasound) and basal diameter

**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*):

99205 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**

Fax: **(415) 353-9884**

Email: [OcularRadOncNP@ucsf.edu](mailto:OcularRadOncNP@ucsf.edu)