

UCSF RADIATION ONCOLOGY

PROTON OCULAR 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, 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

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

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

Attention: **Krshna & Lindsay**

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

Email: OcularRadOncNP@ucsf.edu