

## UCSF RADIATION ONCOLOGY – PROSTATE

### NEW PATIENT MEDICAL RECORDS CHECKLIST

UCSF Radiation Oncology  
415-353-7175

#### **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 CDs** related to the site of the disease being treated (CT, PET-CT, MRI, Ultrasound, Bone scan, etc.)

**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** if patient received chemo (*name of drug, dose, dates administered*)

**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 an emailed PDF (*ask physics or dosimetry*)

**Office visit notes** pertaining to the diagnosis (particularly from radiation oncology, urology, and cardiology)

**Medication list**

**Demographic information**

**Copy of insurance card** front *and* back

**Authorization** for the consult from the insurance (if needed)

**Referral letter** from the doctor (if there is a referring MD)

**Lab Results** (PSA, testosterone, etc.)

Attention: **New\_Patient Coordinator**  
Fax: **(415) 353-9884**  
Email: [RadOncNewPatient@ucsf.edu](mailto:RadOncNewPatient@ucsf.edu)