

UCSF Radiation Oncology - New Patient Medical Records Checklist for HEAD AND NECK

WE REQUIRE 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
- ☐ 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: New Patient Coordinator

Fax: 415.353.9884

Email: RadOncNewPatient@ucsf.edu