

UCSF Radiation Oncology - New Patient Medical Records Checklist for PROTON OCULAR

WE REQUIRE THE FOLLOWING MEDICAL 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: New Patient Coordinator

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